Florida Department of Health

HIV/AIDS Section

CAREWare User Manual

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INTRODUCTION

What is CAREWare?

CAREWare is free, scalable software for managing and monitoring HIV clinical and supportive care. The HIV/AIDS Section, Florida Department of Health (Department), uses CAREWare to track services funded by Ryan White Part B, Patient Care Network, Housing Opportunies for Persons with AIDS (HOPWA) and General Revenue. A number of agencies that are funded by other sources have joined the Section's CAREWare network. This arrangement contributes greatly to the Section's ability to track service usage and monitor the quality of care across multiple providers. In fact, the Department of Health's CAREWare network is the largest in the world, with over 100 participating agencies.

The purpose of this manual is to demonstrate proper methods of data entry into the CAREWare. This manual is not all encompasing of every field and functionality available in the application. There are a number of features/fields that most users will not use that are not detailed. If you have any questions about using CAREWare, please call the Help Desk at 1-850-922-7599. Explain your issue in detail and ask that the ticket be assigned to the CAREWare team.

When submitting a ticket with the Help Desk, do not include any client identifying information in the ticket. If you must make a change to a client's record, inform the Help Desk operator that you need client data changed. CAREWare staff will get the specific client information when they return your call. For a listing of information that is confidential, see Appendix A—Confidential CAREWare Client Identifiers.

Legend

To help you more easily navigate CAREWare, this manual was written with a color-coded system for the various data entry functions used in the database.

- Indigo – screens
- Teal – buttons
- Orange – tabs
- Light blue – fields, most of which contain free text
- Plum – multiple-choice options, such as drop-down menus
- Green – radio buttons and check boxes
- Dark red – hyperlinks
- Lime – selections available under multiple-choice options
- Pink – forms

Chapter I – Access

Background – In order to work in the State of Florida CAREWare Network, staff must understand, accept and perform the standards of data entry and data protection described in this manual. The highest priority when working with our CAREWare network is to safeguard client information. Only after understanding and accepting that responsibility will individuals be granted log in credentials to the database.

Part 1 – Confidentiality of CAREWare Data

Protocol for Breaches of Confidentiality of CAREWare Data

Purpose

This protocol outlines the steps that will be taken when there is a breach of protected health information entered into CAREWare. The protocol is intended to supplement DOHP 50-10-10 Information and Security Policy or local policies written to conform to the security requirements of Department of Health HIV/AIDS patient care contracts and subcontracts. More restrictive state or federal rules, regulations or laws take precedent over this protocol.

Definitions

1. *Breach of confidentiality of CAREWare data*—Occurs when individual identifiers, as described in “Confidential CAREWare Client Identifiers” (Appendix A), are accessed by or shared with person(s) who are not legally authorized to know a client’s HIV status or other protected health information.
2. *Electronic breach of confidentiality of CAREWare data*—Occurs when individual identifiers, as described in “Confidential CAREWare Client Identifiers” (Appendix A), are electronically transmitted unencrypted, or accessed or shared with person(s) who are not legally authorized to know a client’s HIV status or other protected health information.

Procedure

1. For a <u>first</u> offense of breach of confidentiality of CAREWare data:
   a. The HIV/AIDS Section (HAS) will notify the user of the breach and the user will be locked out of CAREWare until the steps in paragraphs 1.b-d are completed.
   b. HAS will notify the user’s supervisor and/or the executive administrator of the user’s organization of the seriousness of this issue and require an acknowledgement by their supervisor/administrator in writing. An email to the HAS staff making the notification is acceptable written acknowledgement.
   c. HAS staff will report the breach to HAS’s Information Security and Privacy Coordinator, who will submit an Incident Report. Depending on the severity of the breach, the Incident Report will be sent to the Division of Disease Control and Health Protection’s (Division) security officer or the Department’s Inspector General for review.

   d. If an electronic breach of confidentiality of CAREWare data is by unencrypted transmission via email, the sender and all recipients will be instructed to double- or triple-delete the email, depending on the sender's and recipients' email program(s). The HAS staff member who reports the breach is responsible for notifying Department staff to delete the email. The user is responsible for notifying all other recipients.

2. For a <u>second</u> offense of breach of confidentiality of CAREWare data:

   a. HAS will notify the CAREWare user of the breach and the user will be locked out of CAREWare.

   b. HAS will notify the user's supervisor and/or the executive administrator of the user's organization of the seriousness of this issue and require an acknowledgement by their supervisor/administrator in writing. An email to the HAS staff making the notification is acceptable written acknowledgement.

   c. HAS staff will report the breach to the HAS' Information Security and Privacy Coordinator, who will submit an Incident Report. Depending on the severity of the breach, the Incident Report will be sent to the Division security officer or the Department's Inspector General for review.

   d. If an electronic breach of confidentiality of CAREWare data is by unencrypted transmission via email, the sender and all recipients will be instructed to double- or triple-deleted the email, depending on the sender's and recipients' email program(s). The HAS staff member who reports the breach is responsible for notifying Department staff to delete the email. The user is responsible for notifying all other recipients.

   e. If the supervisor/executive director wants the user to have access to the system after the second breach, the supervisor/executive director will send in a written request (email is acceptable) to HAS asking that the user be granted access to CAREWare.

   f. An internal HAS panel comprised of representatives of the Division's information security officers, the HIV/AIDS Surveillance Unit and the HIV/AIDS Patient Care Community Programs Unit will review the incident. The panel will meet as soon as possible and decide the appropriate remedy for the violation.

   g. If the user or their organization disagrees with the decision of the panel, they may appeal the decision to the HAS administrator.

3. For a <u>third</u> or subsequent offense of breach of confidentiality of CAREWare data:

   a. HAS will notify the CAREWare user of the breach and the user will be **permanently** locked out of CAREWare.

   b. HAS will notify the user's supervisor and/or the executive administrator of the user's organization and require an acknowledgement by their supervisor/administrator in writing. An email to the HAS staff making the notification is acceptable written acknowledgement.

   c. HAS staff will report the breach to the HAS' Information Security and Privacy Coordinator, who will submit an Incident Report. Depending on the severity of the breach, the Incident Report will be sent to the division security officer or the Department's Inspector General for review.

d. If an electronic breach of confidentiality of CAREWare data is by unencrypted transmission via email, the sender and all recipients will be instructed to double- or triple-deleted the email, depending on the sender's and recipients' email program(s). The HAS staff member who reports the breach is responsible for notifying Department staff to delete the email. The user is responsible for notifying all other recipients.

e. The user or their organization may appeal the permanent lock-out to the HAS administrator.

Part 2 – Access to CAREWare

Adding a New User to CAREWare

For employees required to use the CAREWare database, call the **Help Desk at 850-922-7599** to request the creation of a new CAREWare account.

If the employee requesting access is a Department employee:

1. A local CAREWare provider administrator contacts the Help Desk and requests the assignment of a new CAREWare user ID. The Help Desk creates a ticket and emails it to the requestor. This email includes the New User Packet comprised of the CAREWare Account Request Form, Confidential CAREWare Client Identifiers (Appendix A) and the Protocol for Breaches of Confidentiality of CAREWare Data.
2. Complete the CAREWare Account Request Form; scan the completed document; attach it to the ticket; and email it back to the Help Desk.
3. The Reporting Unit creates a CAREWare user ID and notifies the individual when their account is established.
4. All necessary application files will be made available to the new user so they may have their local IT department install the software.

If the employee requesting access is <u>not</u> a Department employee:

1. A local CAREWare provider administrator contacts the Help Desk and requests the assignment of a new CAREWare user ID. The Help Desk creates a ticket and emails it to the requestor. This email includes the New User Packet comprised of the CAREWare Account Request Form, Confidential CAREWare Client Identifiers (Appendix A) and the Protocol for Breaches of Confidentiality of CAREWare Data.
2. Complete the CAREWare Account Request Form; scan the completed document; attach it to the ticket; and email it back to the Help Desk.
3. After receipt of the document listed in Step 2, a network user name is created and a Citrix Request form is completed by the Reporting Unit and emailed to the user through the Help Desk ticket.
4. The requestor signs the Citrix Request form, scans it, attaches it to the ticket and emails the signed form to the Help Desk.
5. Once Citrix rights have been granted, the user will be notified that their account is established and the link to the Citrix Receiver will be emailed to them.
6. The user or their local IT staff will install the Citrix Receiver.

Removing Users from CAREWare

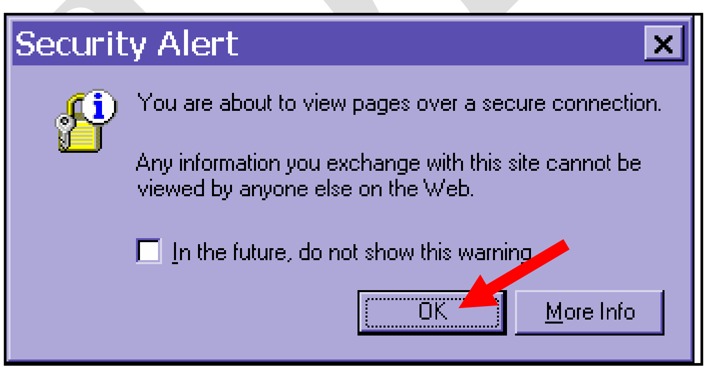
It is the responsibility of the local agencies to notify the Reporting Unit and their contract manager when an employee should no longer have access to CAREWare.

1. The local agency's CAREWare provider administrator must <u>immediately</u> lock out the user from the application.
2. Once the user is locked out, the provider administrator must call the Help Desk (850-922-7599) and request a CAREWare user ID close out.
3. The Help Desk creates a ticket and emails it to the requestor. This email includes the CAREWare Request form.
4. The requestor completes the CAREWare Account Request form, scans it, attaches it to the ticket and emails the signed form to the Help Desk.
5. The Reporting Unit revokes the user ID from the domain/domains.
6. The agency's local CAREWare Provider Administrator contacts contract manager to notify of deletion.

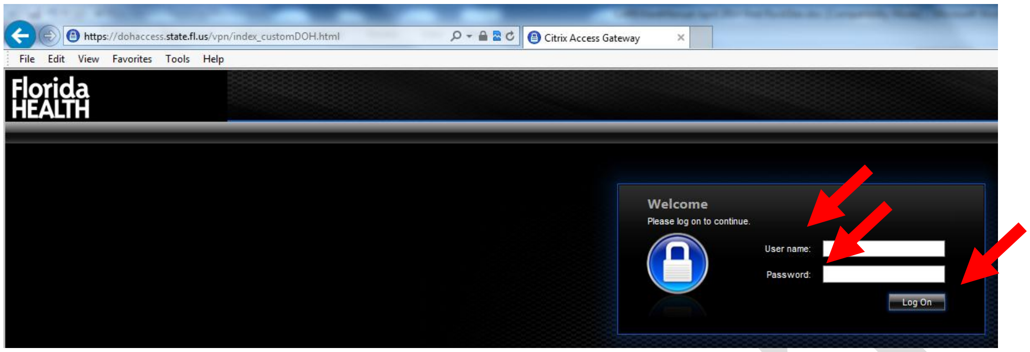
Part 3 – Citrix Log-on for Staff of Private Agencies

Users who work on a computer that is not directly connected to the Department network must access the system through Citrix. Download the Citrix Receiver from **http://receiver.citrix.com/** and run the CitrixReceiverWeb.exe file to install. Citrix uses pop-ups, so Internet Explorer pop-up blocker should be turned off. If you have any questions, please call the Help Desk at 850-922-7599.

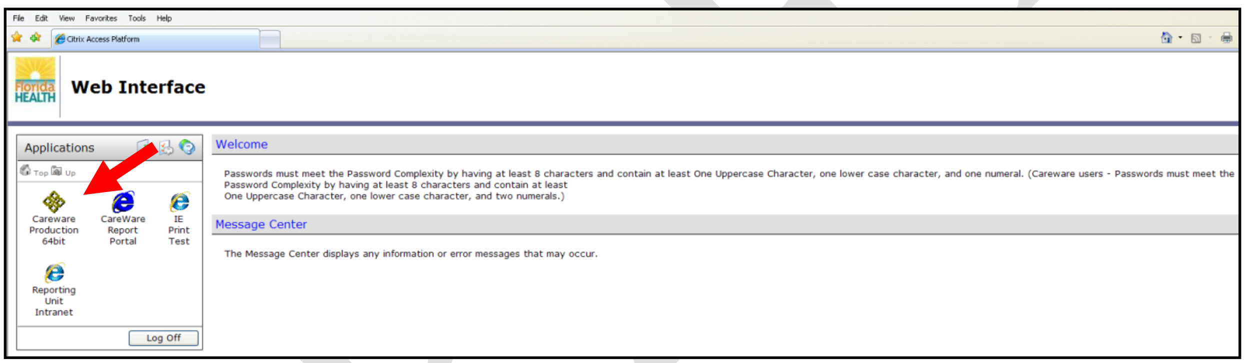
1. Citrix Log-on: Open your Internet browser and enter the following address: **dohaccess.state.fl.us**
2. Click **OK** if the screen below appears. If the screen does not appear, move to the next step.



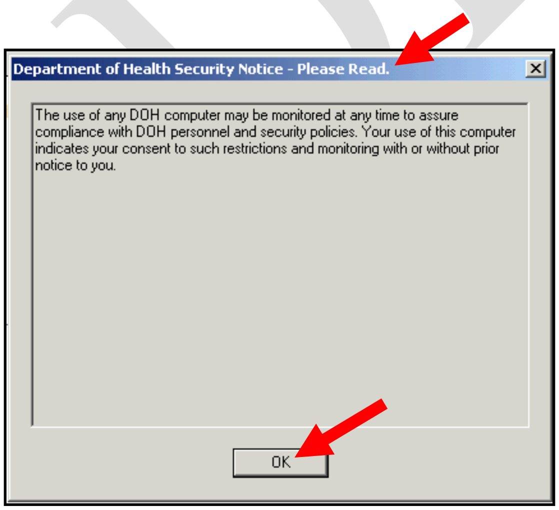
3. The site will take you to **Citrix Access Platform** screen. Enter your Department account **User Name** and **Password** and click **Log On.**



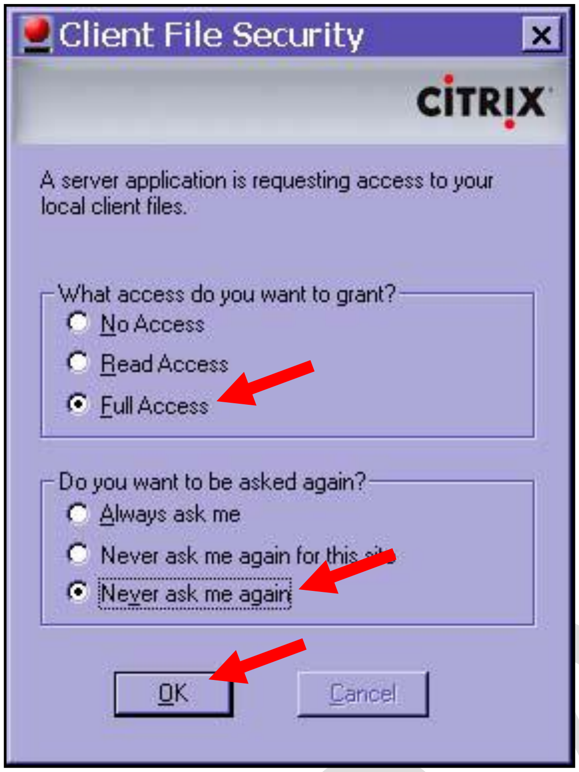
4. Click on the **CAREWare Production** icon.



5. The **Department of Health Security Notice – Please Read** screen will appear as the Citrix client connects to the Department's network. Click **OK**.



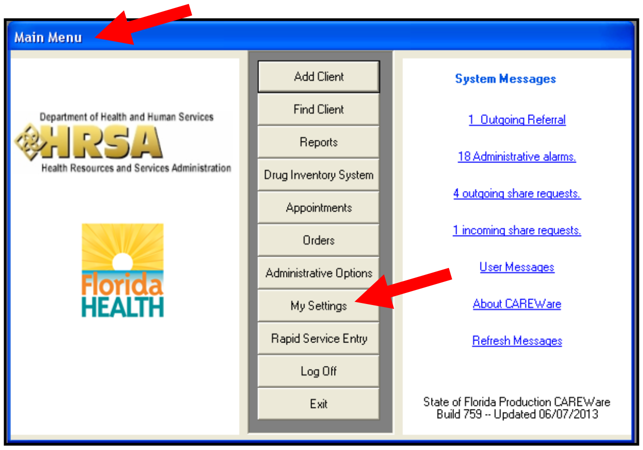
6. Select the **Full Access** and **Never ask me again** options if the **Client File Security** screen appears. If the screen does not appear, move to the next step. Click **OK**.



Part 4 – CAREWare Login

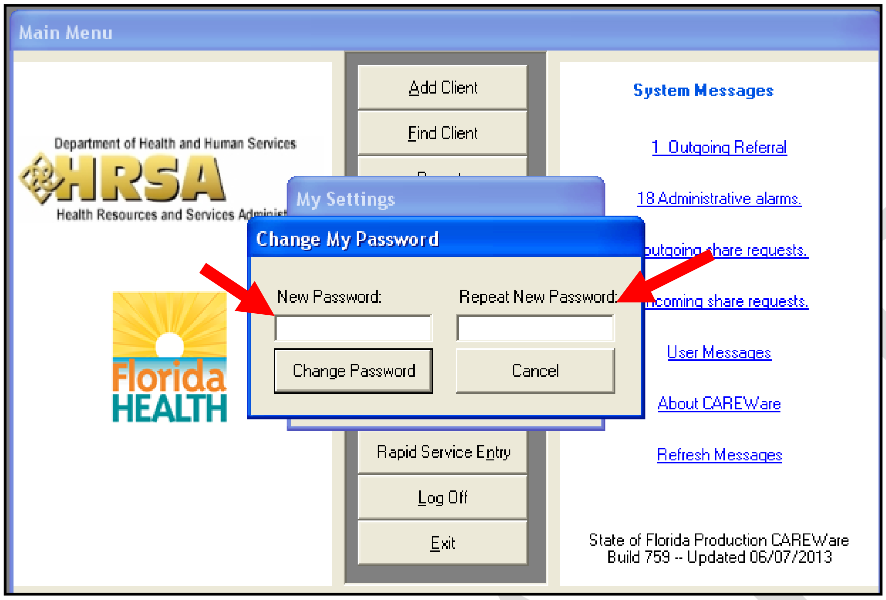
1. Go to the **RW CAREWare Login** screen. Enter your **User Name** and temporary **Password** (assigned by the system administrator). Click **Login**.

2. To change the temporary password provided, select **My Settings** from the **Main Menu**.



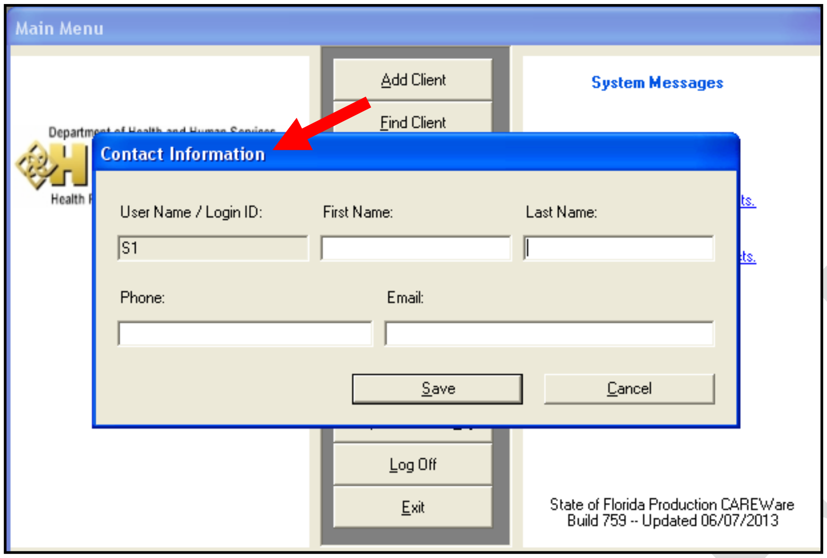
3. From the **My Settings** screen, select **Change My Password**.

4. The **Change My Password** screen will prompt you to enter a **New Password** and **Repeat New Password**. Click on the **Change Password** button when completed.



5. Select **Change My Contact Info** from the **My Settings** screen.

6. Enter your **First Name, Last Name**, **Phone** (including extension) and **Email** address in the **Contact Information** screen. Click **Save.**

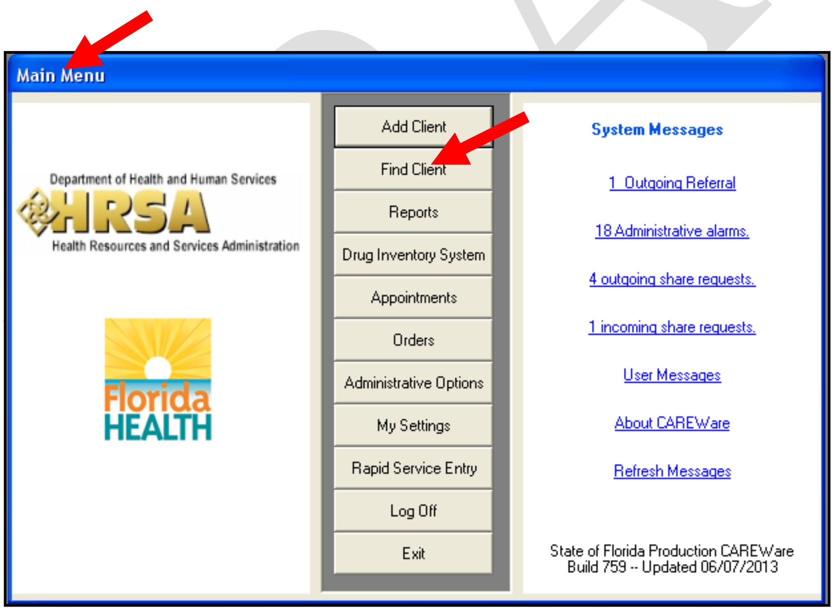


Chapter II – Client Data

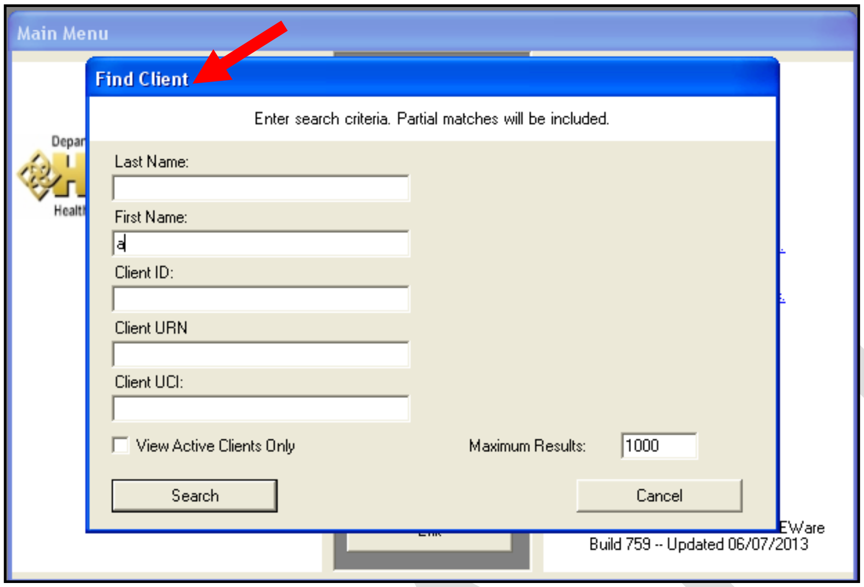
Background – Following standards of data entry is a very important step in order to have valid and reliable data. By inputting accurate data properly, we can greatly increase the quality of our reporting. HRSA requires client level data be submitted yearly for individuals receiving HRSA funding. The State of Florida also mandates a number of data points be submitted for clients. The data captured in CAREWare is used to meet these needs. Thus, it is critical that our users follow a standard method of inputting information into CAREWare. If any portion of this chapter is unclear, please submit a Help Desk ticket by calling 850-922-7599. Tell the operator "you have some questions on data entry." Have the ticket assigned to the CAREWare Team. Make sure to NOT PUT ANY client information in the ticket as the database the Help Desk uses is not secure. A CAREWare Team member will call you back to answer any of your questions. A note about saving. Some fields in CAREWare do not require the clicking of a Save button, while other fields do. An indicator of whether or not inputted data requires the selection of a Save button is your inability to select any other option on the screen. Only by pressing the Save button are you able to move into other areas of CAREWare.

Part 5 – Finding a Client

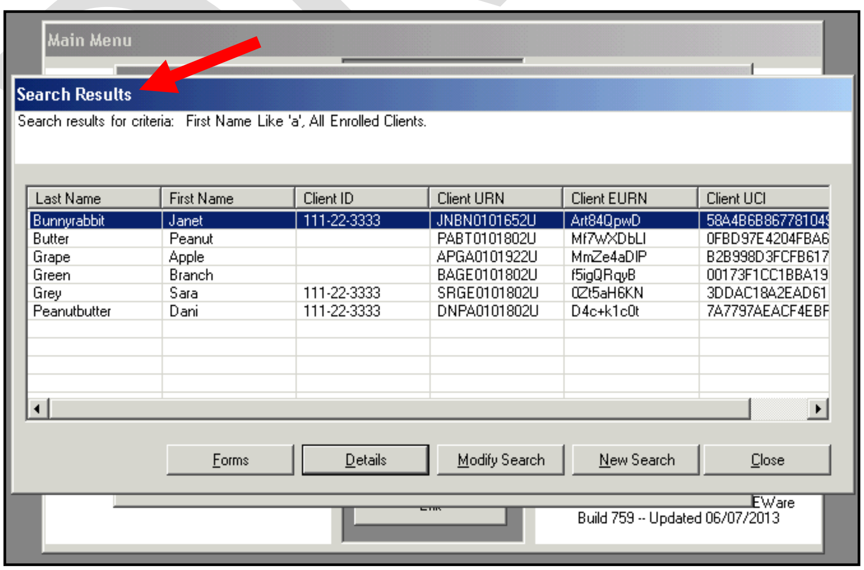
1. To search for a client, select **Find Client** from the **Main Menu**.



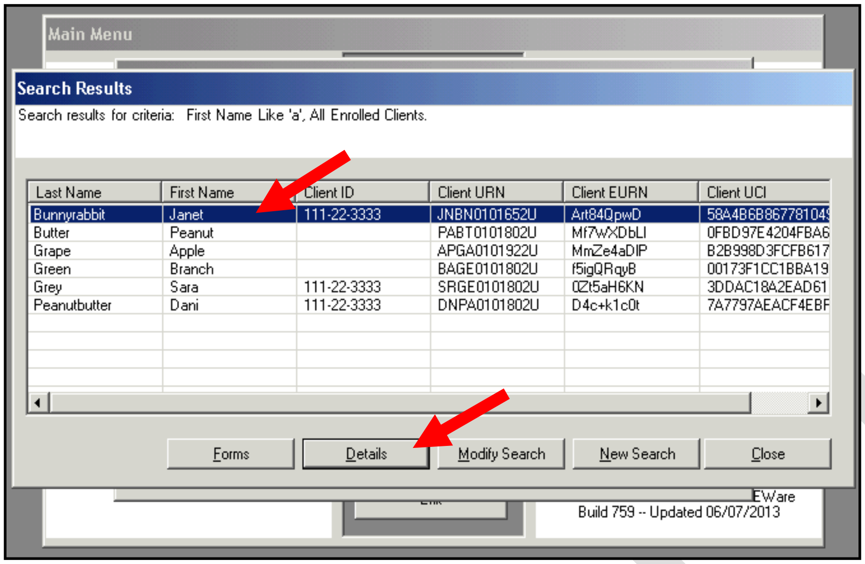
2. When the **Find Client** screen appears, enter search text into any of the fields: **Last Name**, **First Name**, **Client ID**, **Client URN** (Unique Record Number) or **Client UCI** (Unique Client Identifier, auto-generated by CAREWare), and select **Search**



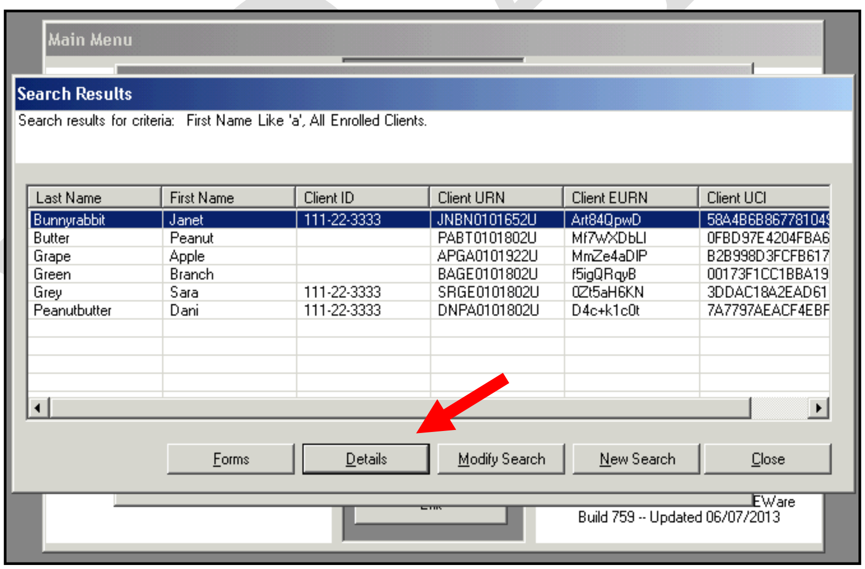
3. The **Search Results** screen will provide a list of clients who match the criteria entered into the search screen. Be aware that the results will not begin with the search criteria entered, but will contain the same character string. For example, below a search of "a" was performed in the **First Name** field. The results contain names that have an "a" somewhere in the first name, not necessarily at the beginning



4. Select the record for which you are searching and double-click, or highlight and select **Details** to view the client's record.



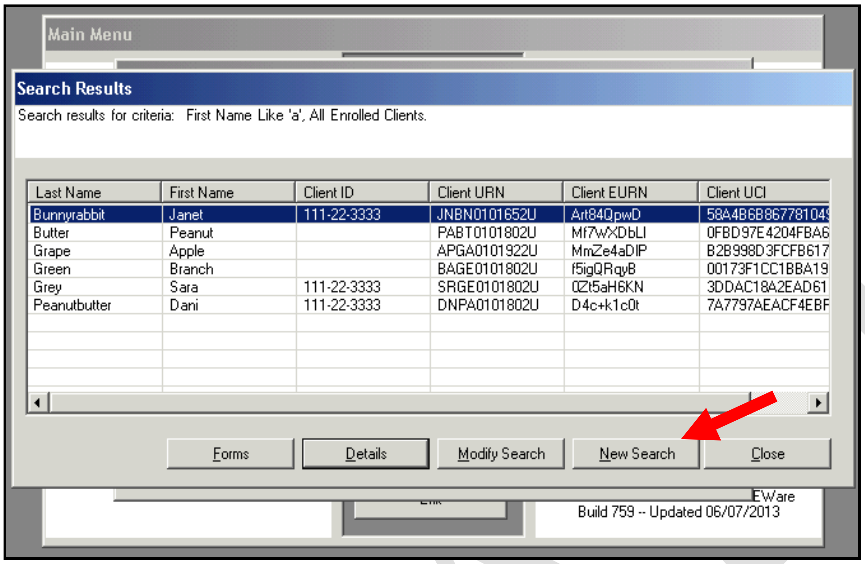
5. If the results do not contain the client for whom you are searching, select **Modify Search** and edit your search criteria.



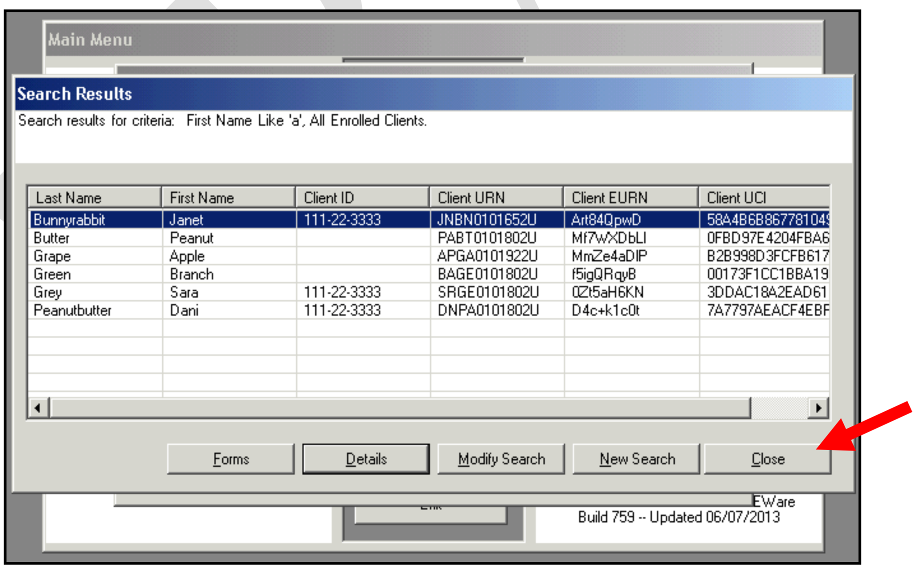
6. When conducting a search to verify that a client does not already exist in the database, input only a few letters of the last name and a letter or two of the first name. This will give you a greater chance of catching the client under a different spelling of the name. For example, if you type "Gray" in the **Last Name** field, you would miss that the client could be in the system under the spelling of "Grey." It is

always better to put in fewer characters in the search because it improves your chances of finding the client under a different spelling of their name. This will reduce duplications in the system.

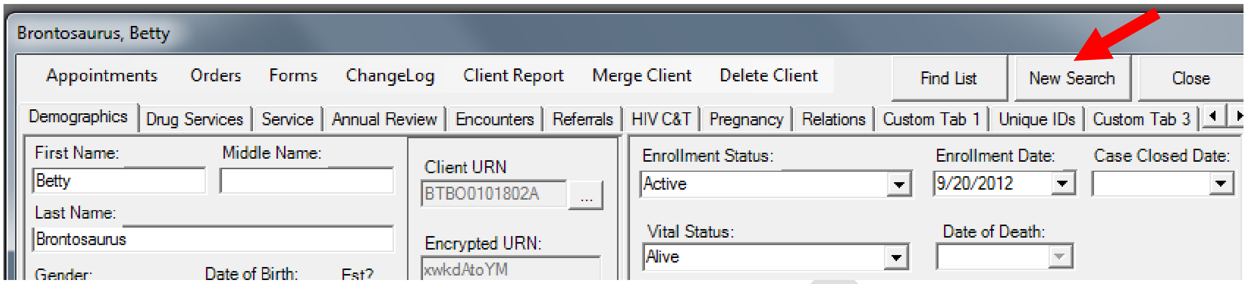
7. To start over, select **New Search**.



8. To leave the search process, select **Close**.

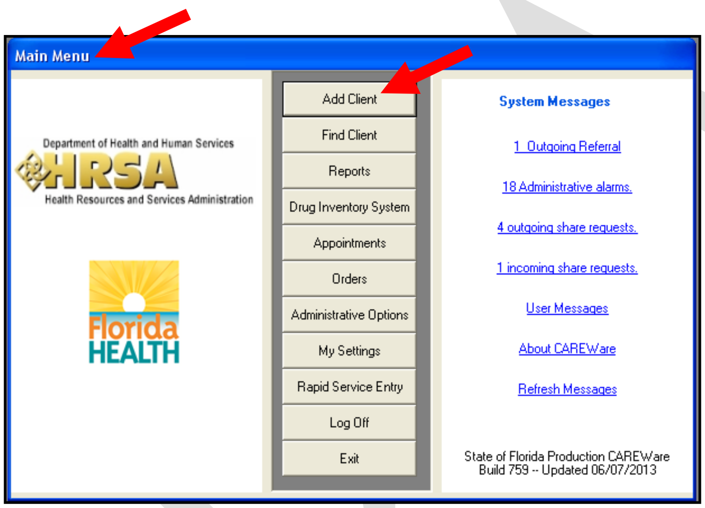


9. You can also access the **Find Client** function from the client screen (example below), by selecting **New Search**.

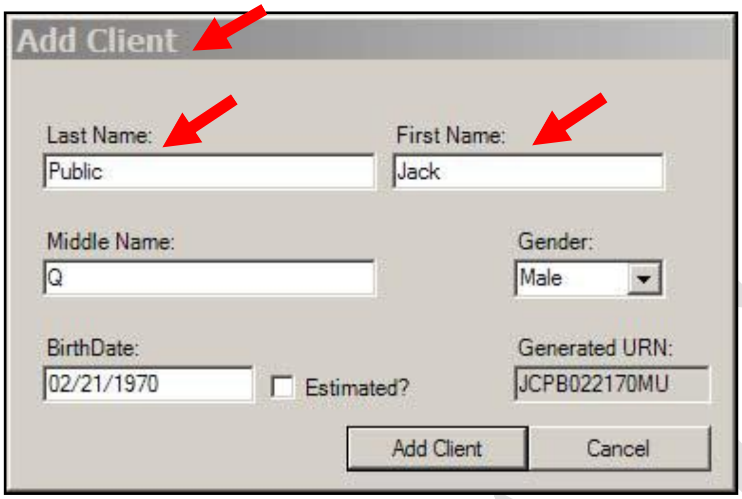


Part 6 – Adding a New Client

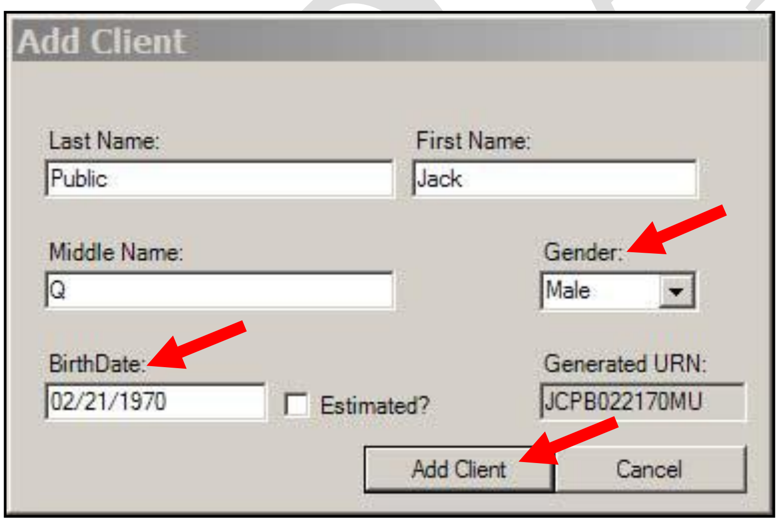
1. Before adding a new client, search the database to ensure the client has not already been entered into the system.
2. To add a new client, select **Add Client** from the **Main Menu**.



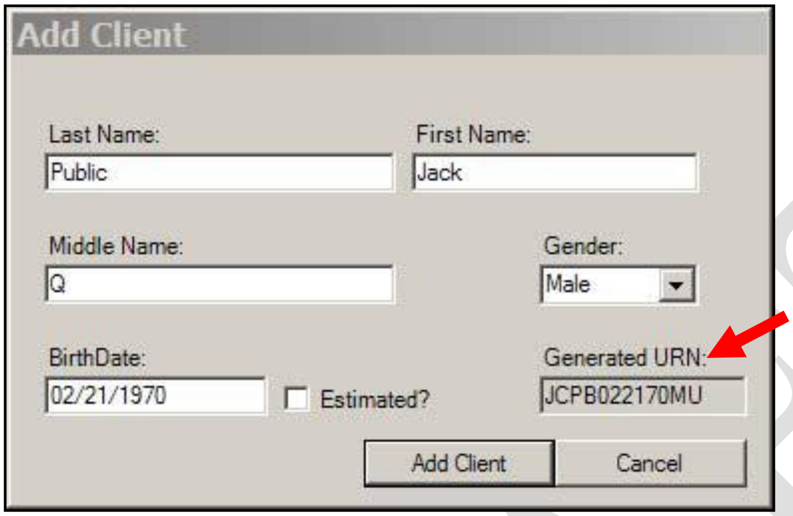
3. At the **Add Client** screen, enter the client's FULL LEGAL NAME, **Last Name** and **First Name**. Do not enter nicknames.



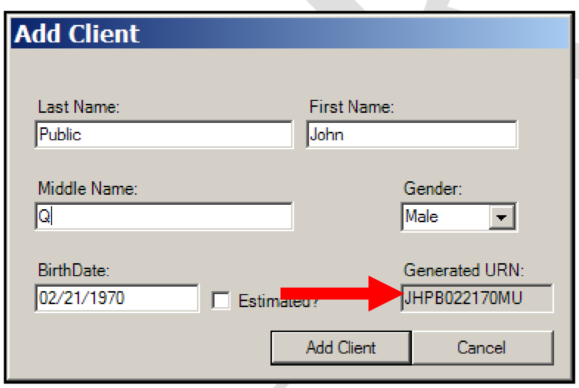
4. Enter the client's **Gender** and **Birth Date** in mm/dd/yyyy format. Once all the information is entered, click **Add Client**.

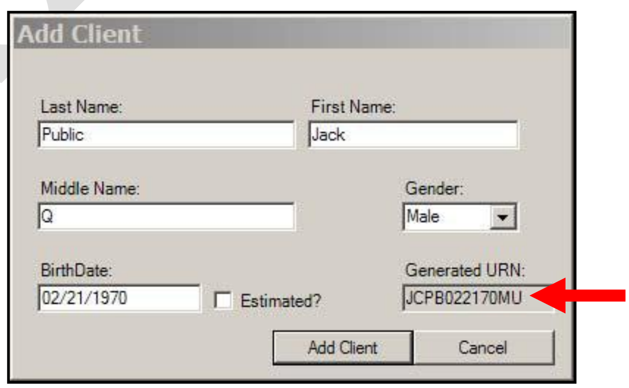


5. CAREWare will create a **Generated URN** based on the first and third letters of the first name, the first and third letters of the last name, the date of birth, and a code for gender.



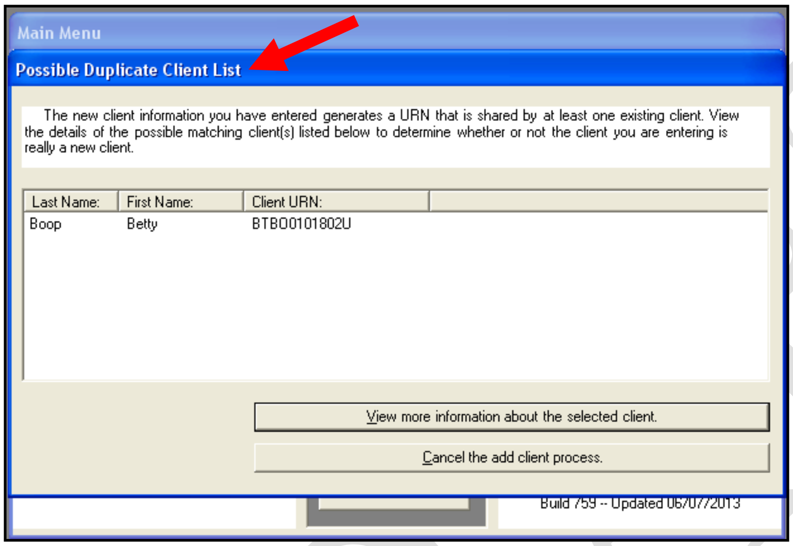
CAREWare uses the URN to determine if the client is already in the database and to generate an unduplicated client count for the state. Therefore, it is **very important** that all **Add Client** screen entries are accurate. Note the difference between the URNs in the two screens below for John Public and Jack Public.



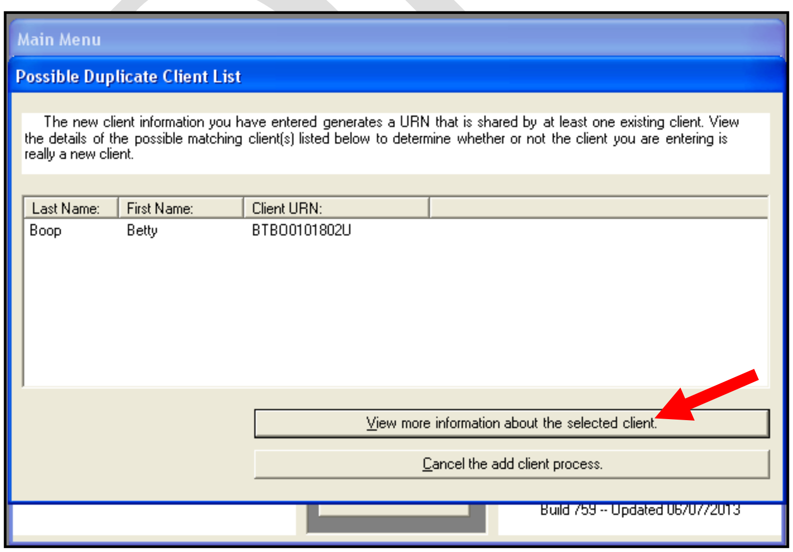


Part 7 – Duplicate Clients and Duplicate URNs

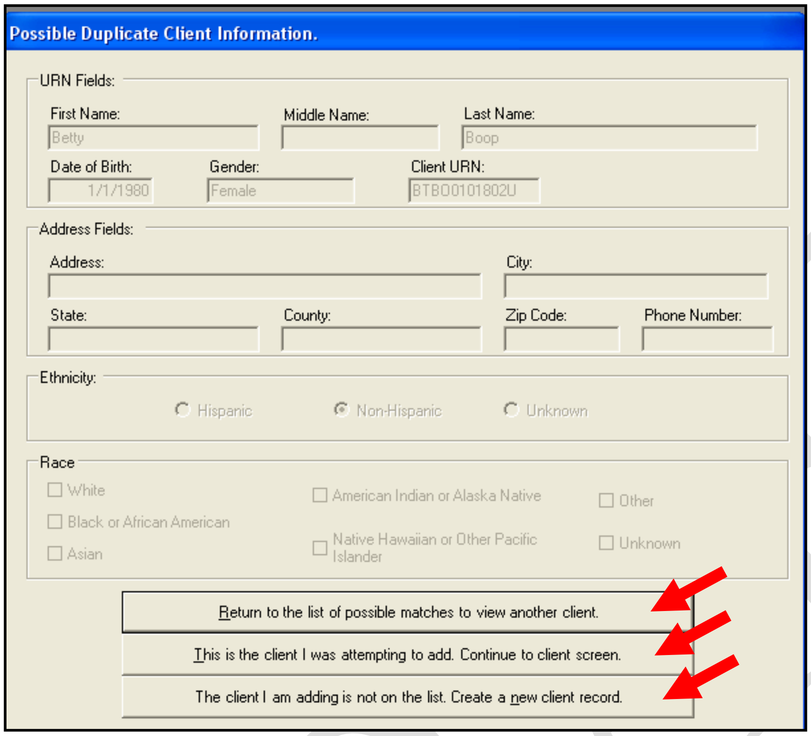
It is likely that a client will receive services from multiple providers within a network. It is also likely in a provider network with many clients that two individuals will have the same URN. If a provider enters the URN of a client who is new to them but has been seen by another provider and is already in the central database, the **Possible Duplicate Client List** screen will appear.



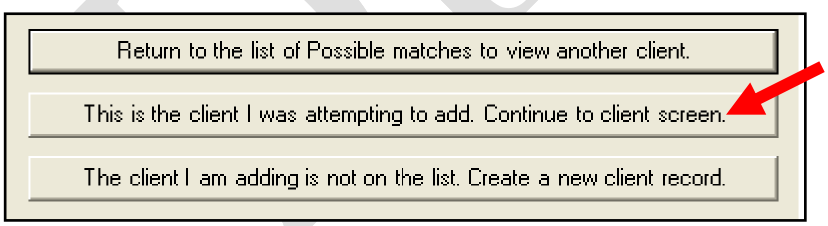
1. Click **View more information about the selected client** to see if your new client is an existing client at another provider



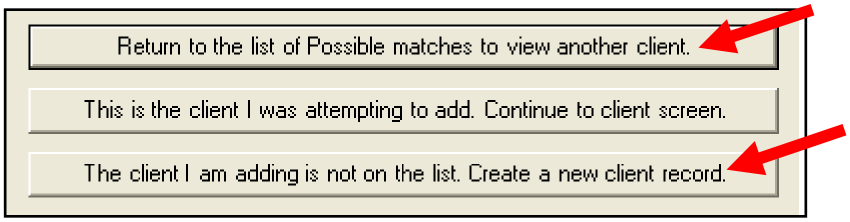
2. The **Possible Duplicate Client Information** screen on the client will appear with three options.



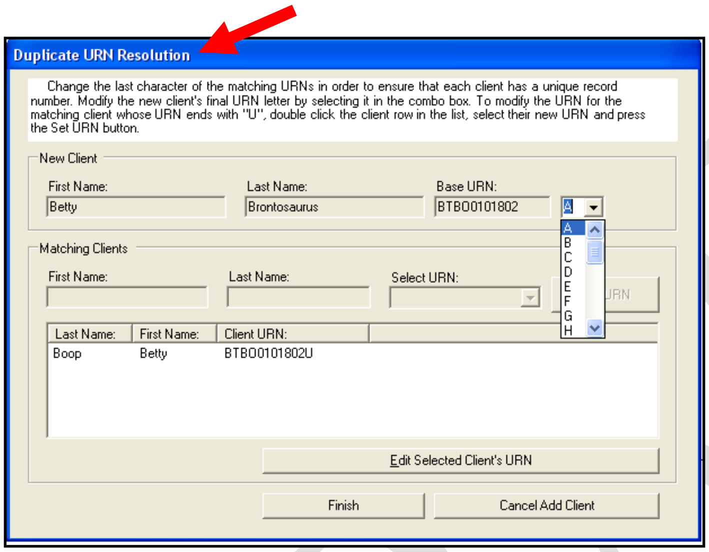
3. If, after a review of the demographic screen, you determine that this is the same client, select **This is the client I was attempting to add** and you'll be taken to that client's record.



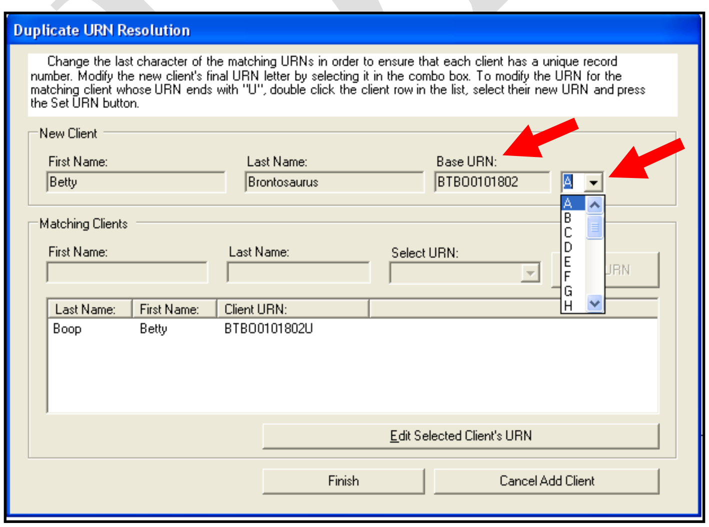
4. If the client is not in the database, select either **Return to the list of possible matches** or **The client I am adding is not on the list. Create a new client record**.



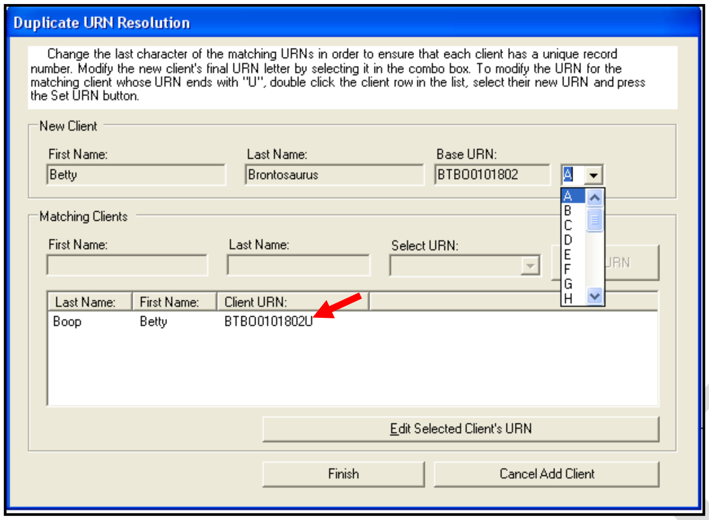
5. If you select **The client I am adding is not on the list. Create a new client record** option, the **Duplicate URN Resolution** screen will appear.



6. Because the new client you were trying to add—Betty Brontosaurus—has the same URN as Betty Boop, you must add another character to the end of the URN to distinguish this client in the database. In this case, we've added the letter **A** in the drop-down menu next to **Base URN**. If that letter was already in use, then you could use **B**, and so on.

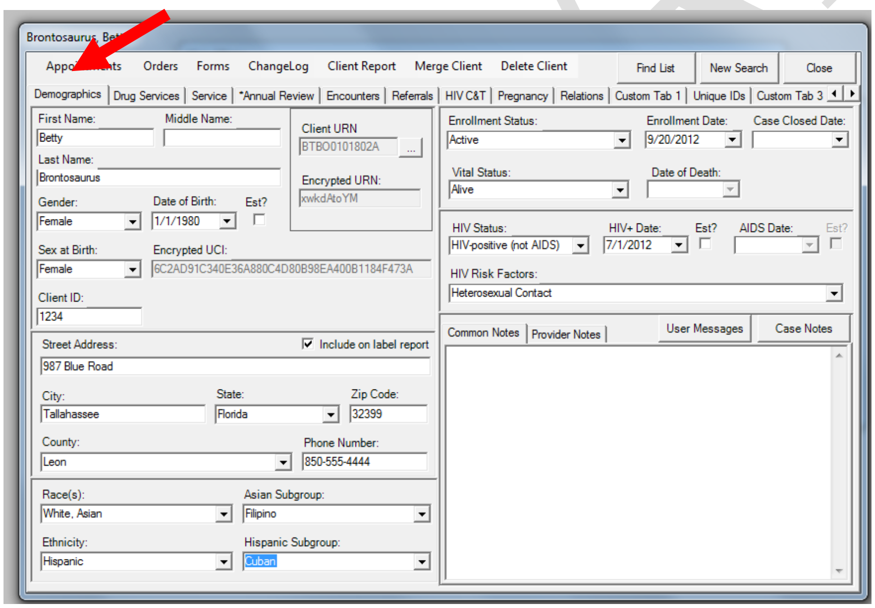


7. Click **Finish**. **NOTE:** All URNs in the database initially have the letter “U” placed at the end of the URN by default, as in the example below.

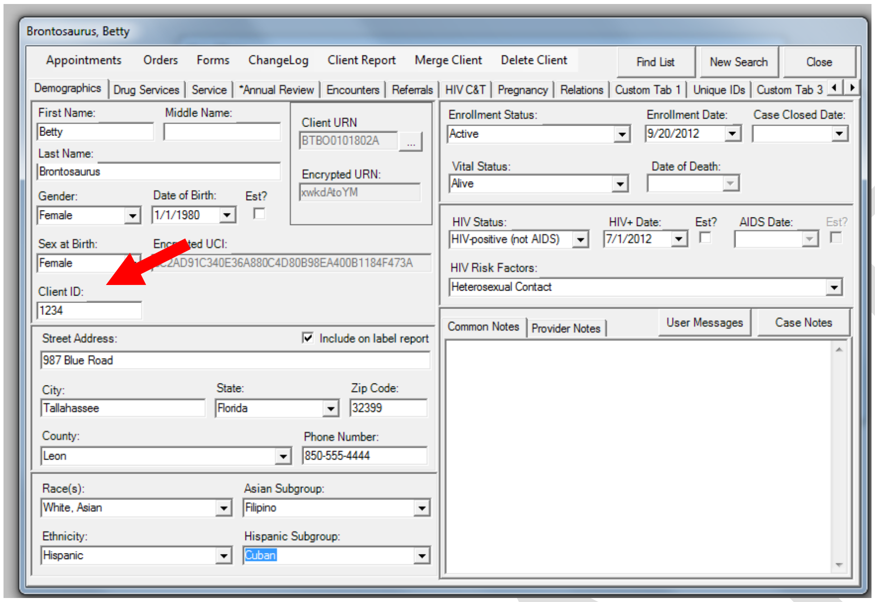


Part 8 – Demographics

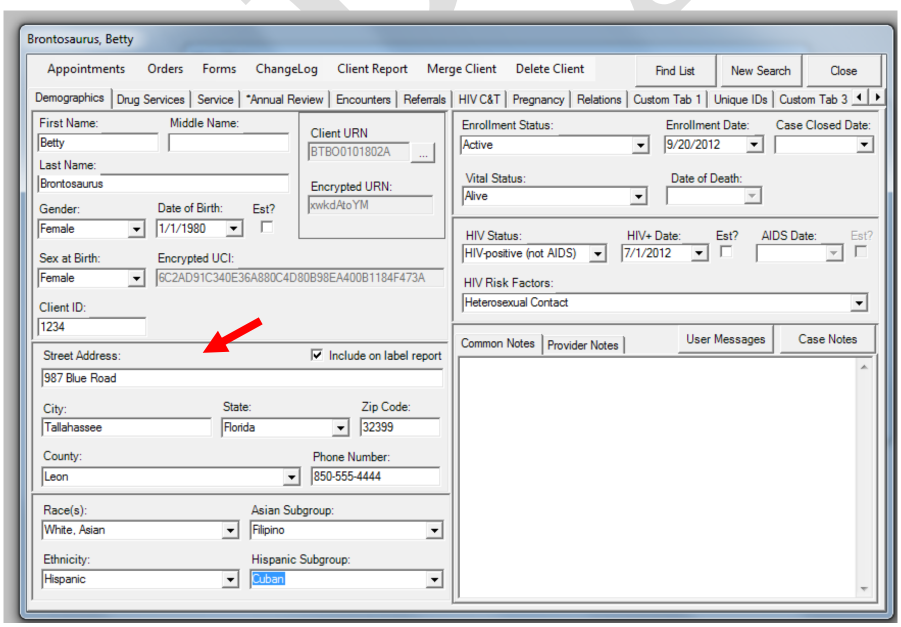
1. After finding or adding a client, the file will open to the **Demographics** tab.



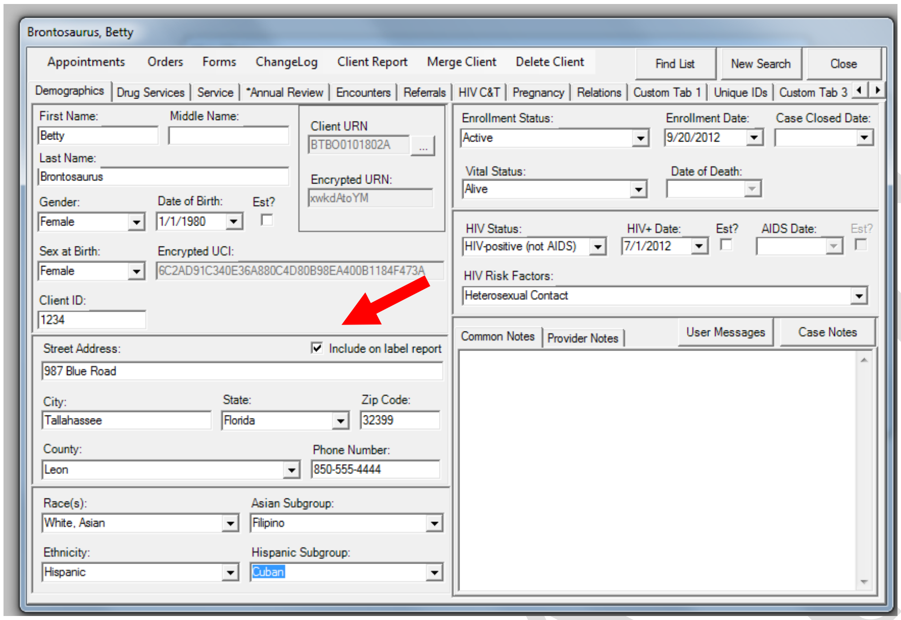
a. **Client ID**: This field is for use at the local level. If your agency uses an internal client or chart number, enter it in this field. A client may have different values in the field at different agencies.



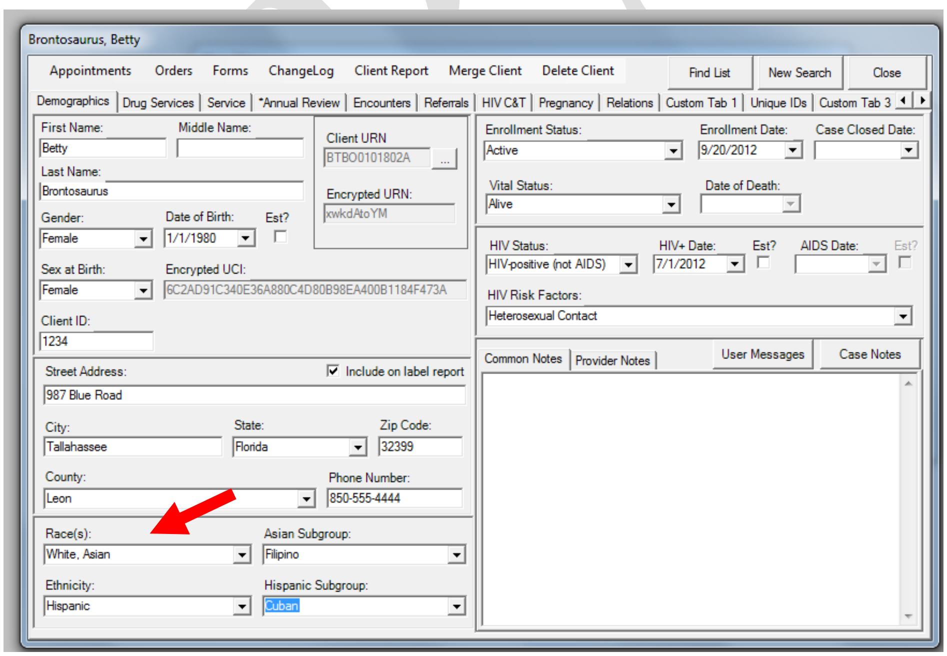
b. Contact information: Enter the client's **Address, City**, **State**, **Zip Code**, **County** and **Phone Number**. You must select "Florida" from the **State** drop-down menu before you can select the appropriate county.



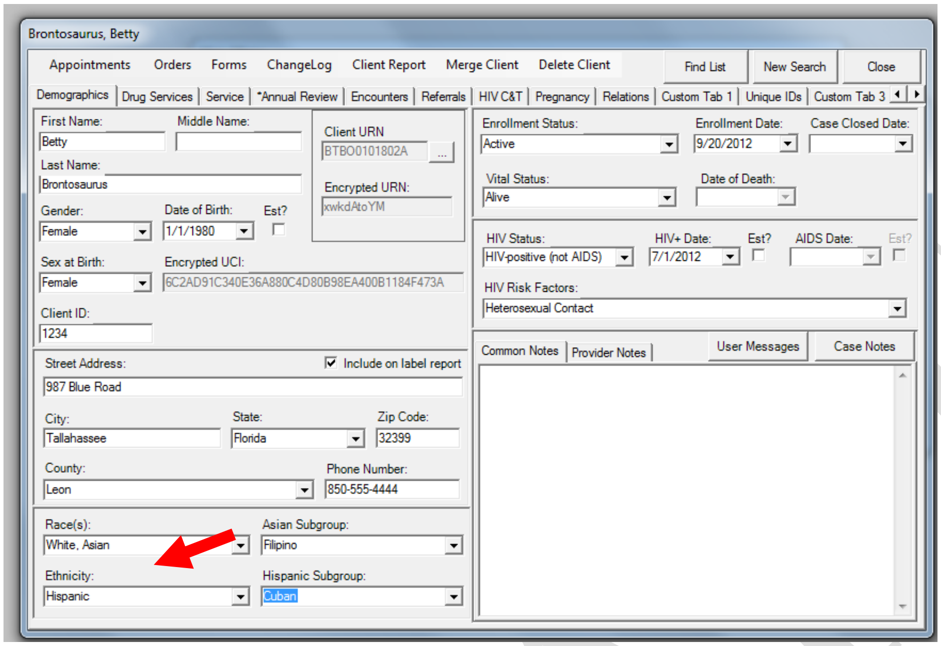
c. **Include on label report**: This field is not checked by default, indicating that it is not permissible to use this client's name and address when running mailing labels from CAREWare. If the client wants to receive mail at their address, check this box.



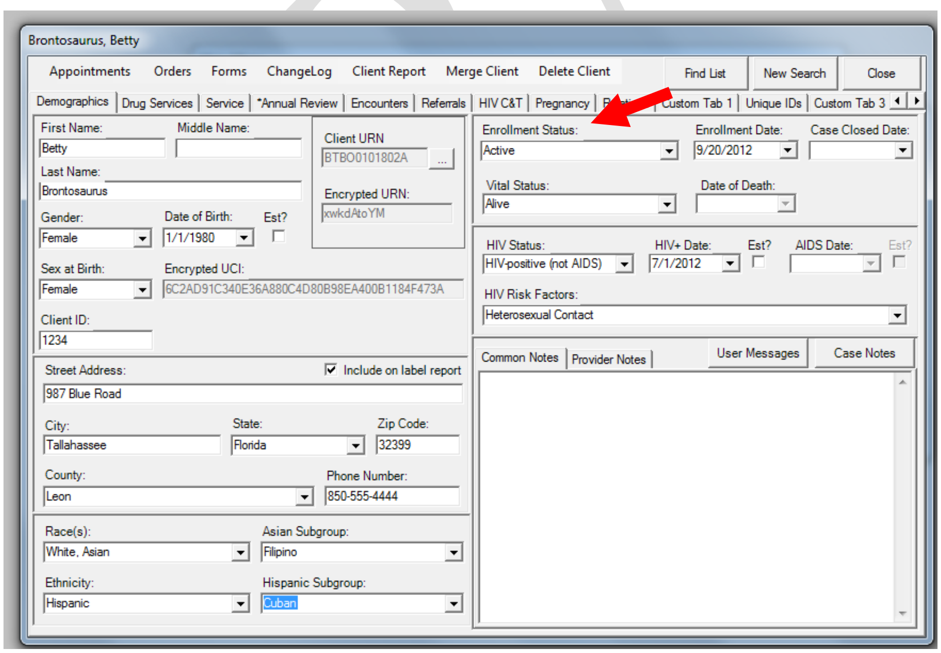
d. **Race**: Enter the client's self-reported race categories. If Asian is selected, make sure to enter the Asian Subgroup.



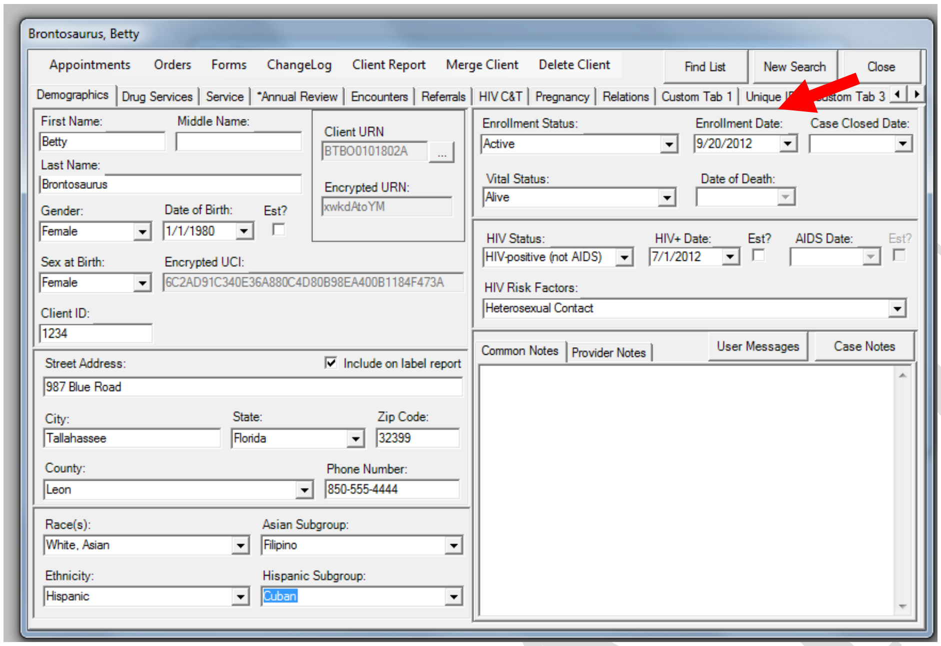
e. **Ethnicity**: Enter the client's self-reported ethnicity (Hispanic or non-Hispanic). If Hispanic is selected, make sure to enter the Hispanic Subgroup.



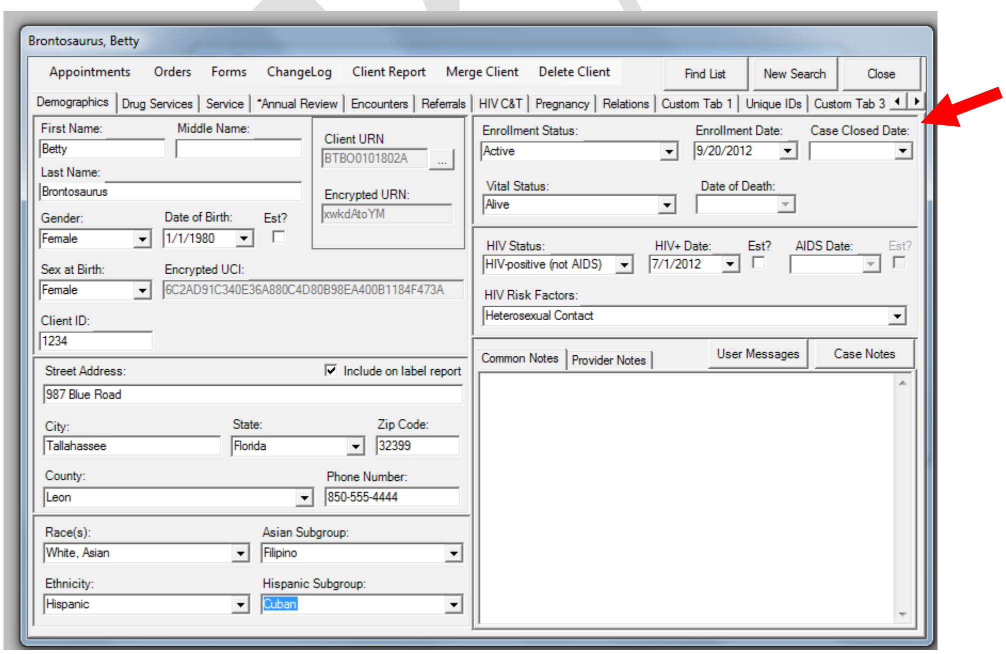
f. **Enrl Status**: Indicate the client's enrollment status.



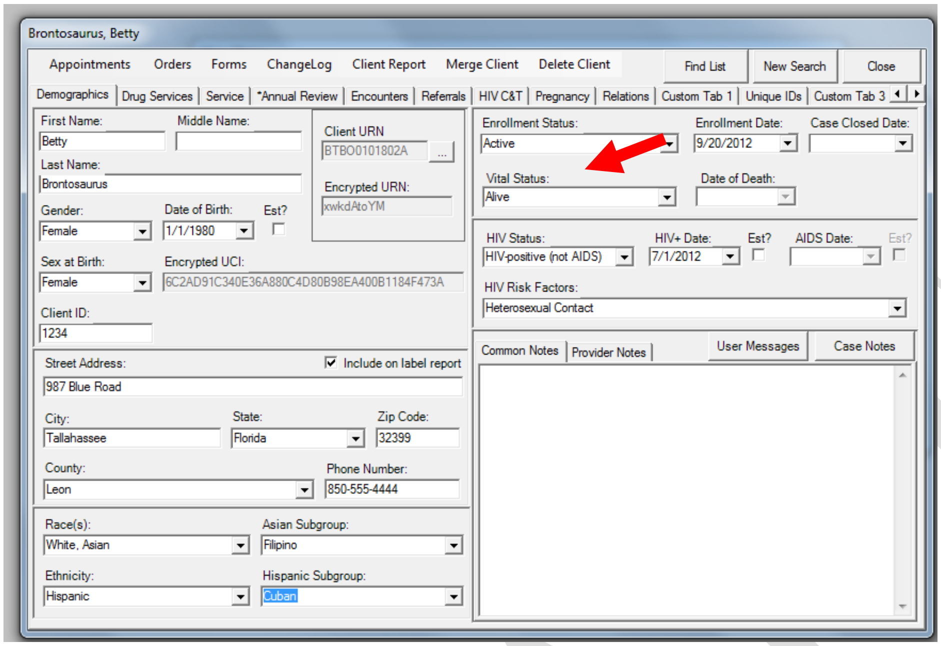
g. **Enrl Date**: The enrollment date should be equal to the date of the first service the client received at the agency.



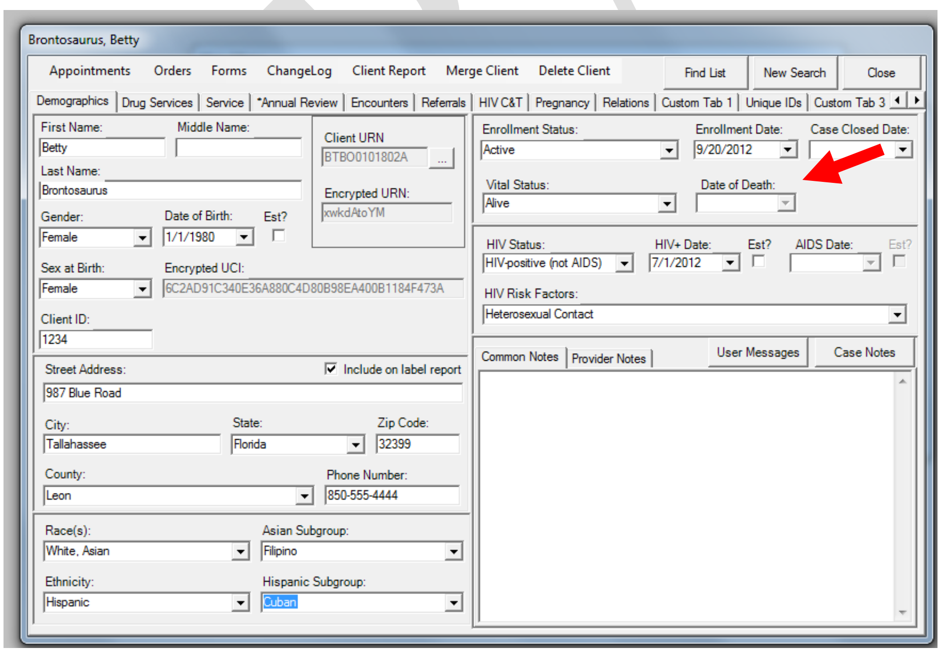
h. **Case Closed**: If the enrollment status is any option other than **Active**, add a **Case Closed** date.



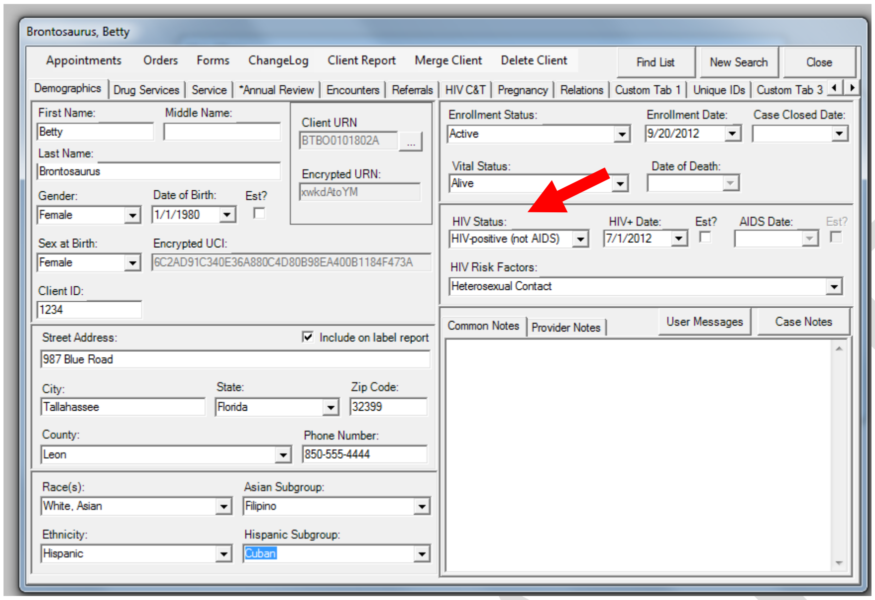
i. **Vital Status**: Indicate the vital status—**Alive** or **Deceased**—of the client.



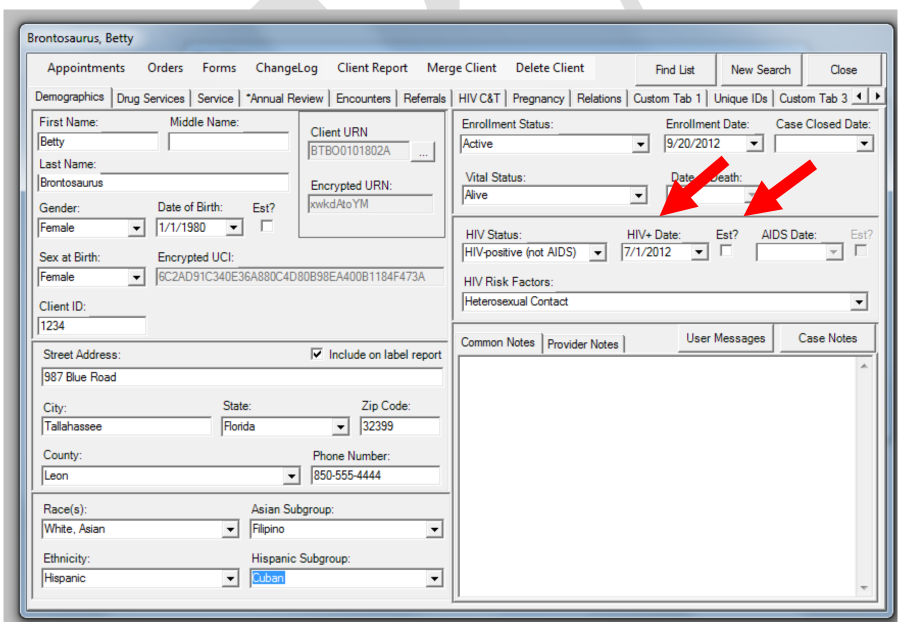
j. **Date of Death**: If the client's vital status is **Deceased**, input the date of death.



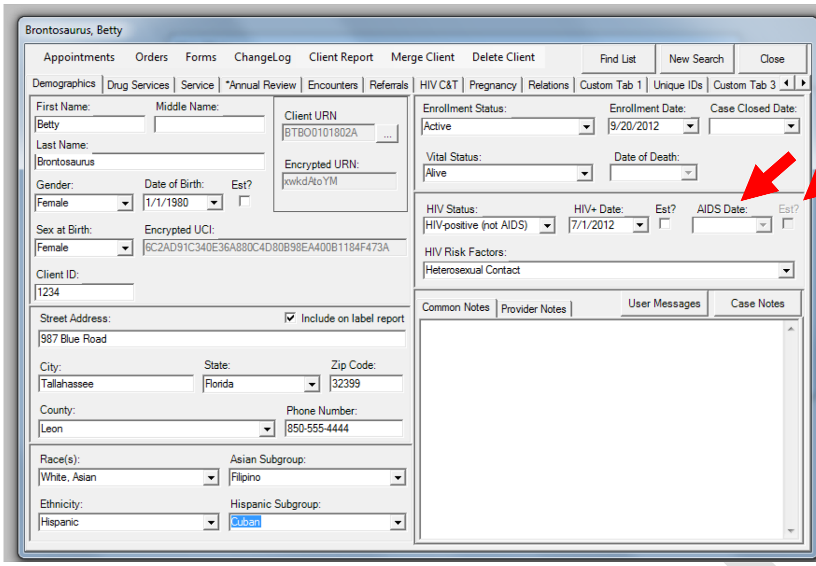
k. **HIV Status**: Enter the client's current HIV status from among the options in the drop-down menu.



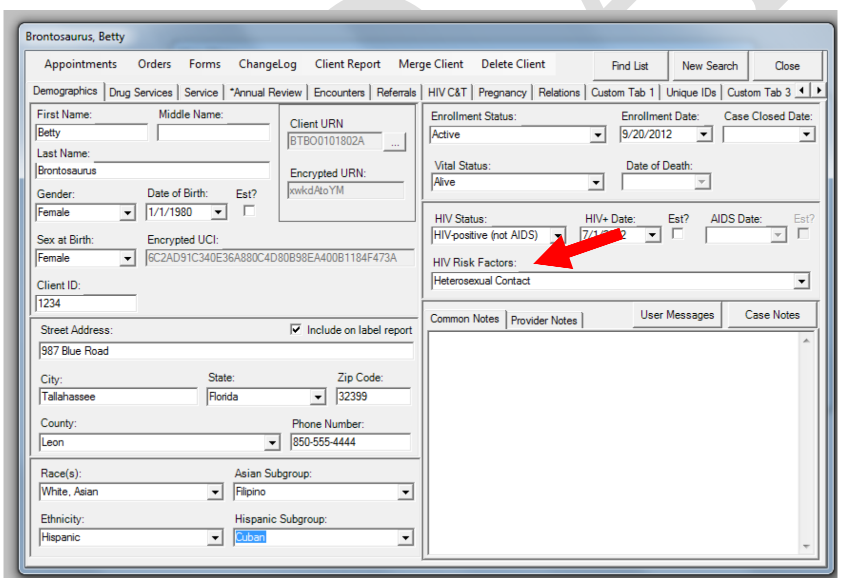
l. **HIV+ Date**: Enter the date the client was identified as HIV-positive. If the date is an estimate, check the **Est?** box.



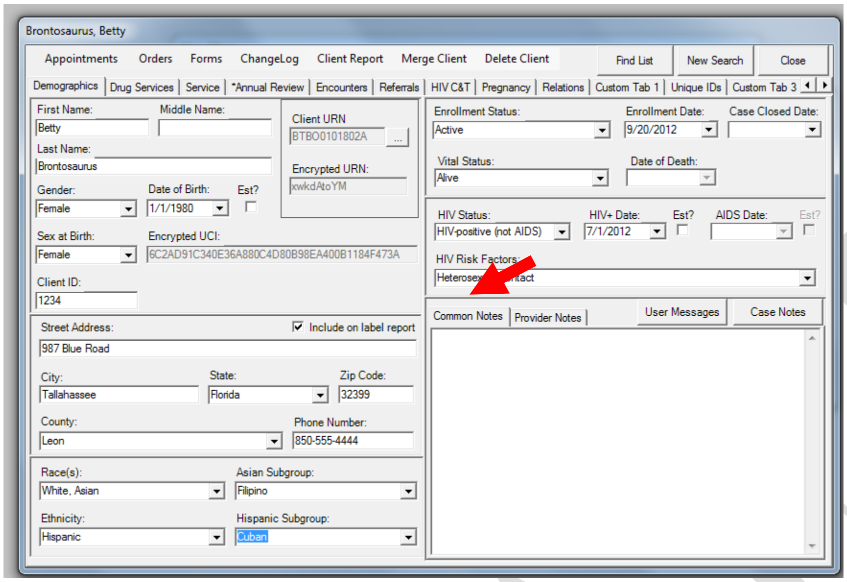
m. **AIDS Date**: Enter the date the client was diagnosed with AIDS. If the date is an estimate, check the **Est?** box.



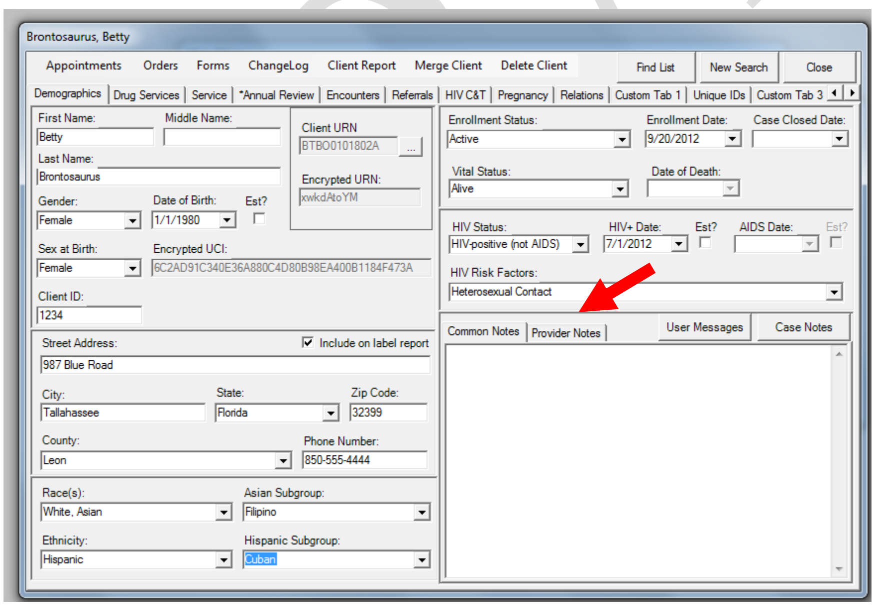
n. **HIV Risk Factors**: Check all the boxes that apply for HIV risk factors (modes of HIV transmission to the client).



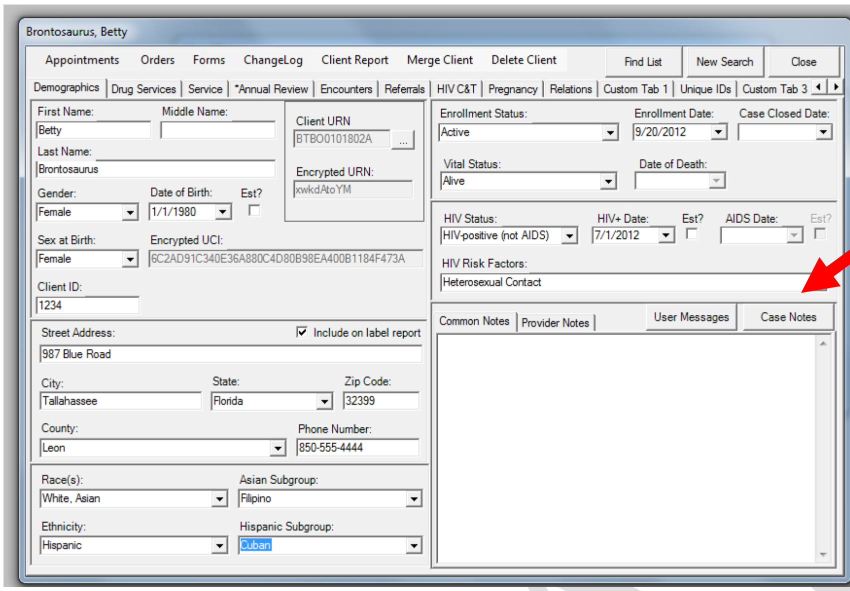
o. The **Common Notes** field can be used to collect additional information about the client. The information in this field is available to any agency that serves the client.



p. The **Provider Notes** field can be used to collect additional information about the client. The information in this field is only available to the agency entering the data.

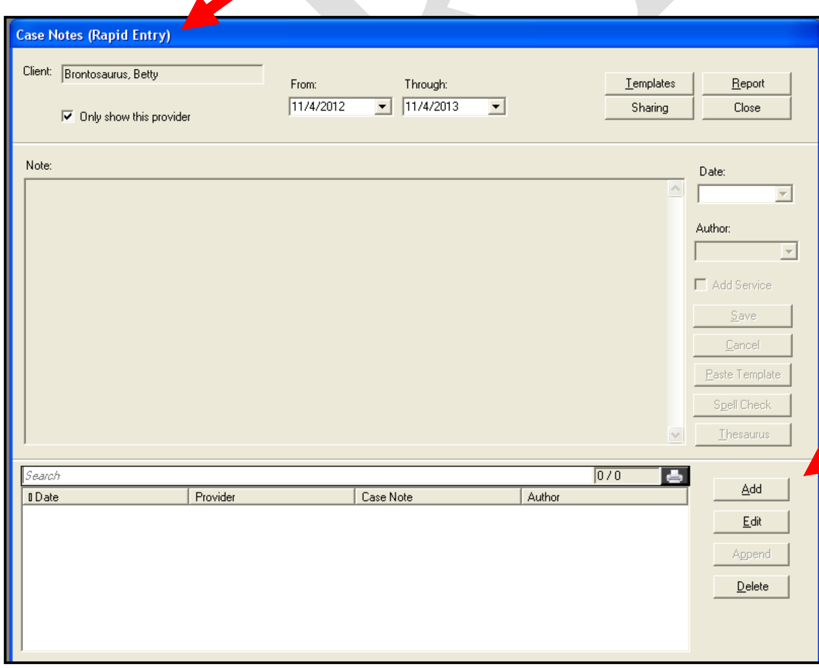


q. To input multiple notes that are viewable only by your agency, use **Case Notes**. **NOTE:** If you are entering a long series of case notes at one sitting for one client, it is advisable to save your changes after each paragraph or risk losing the entered notes.

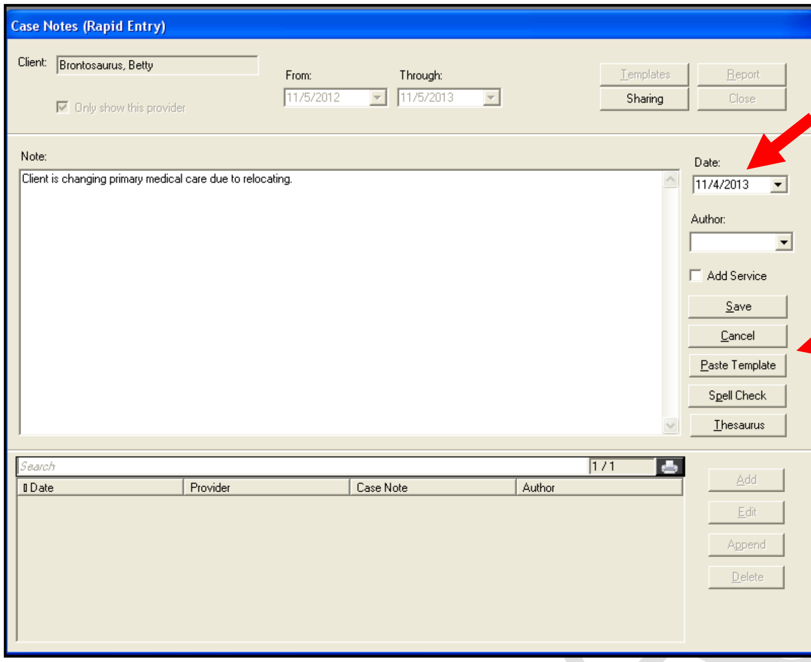


Case Notes

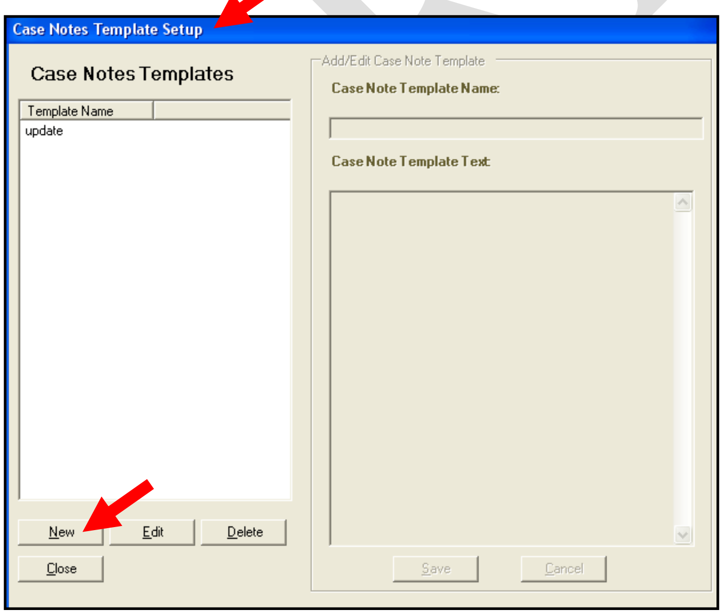
1. Select the **Case Notes** button, which will take you to the **Case Notes (Rapid Entry)** screen. Click on the **Add** button. This will allow you to add a new case note.



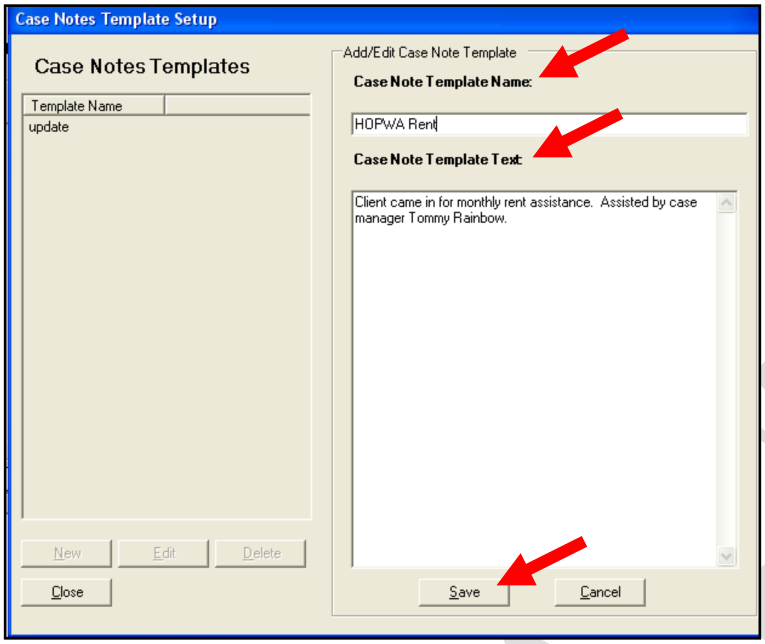
2. After adding the Case Note, choose the date of the note by clicking on the **Date** drop-down menu. Select **Save** when completed. Also note the **Paste Template** option below the **Cancel** button. Clicking on this button will allow you to save a standard Case Note that you can use repeatedly without having to retype the same language.



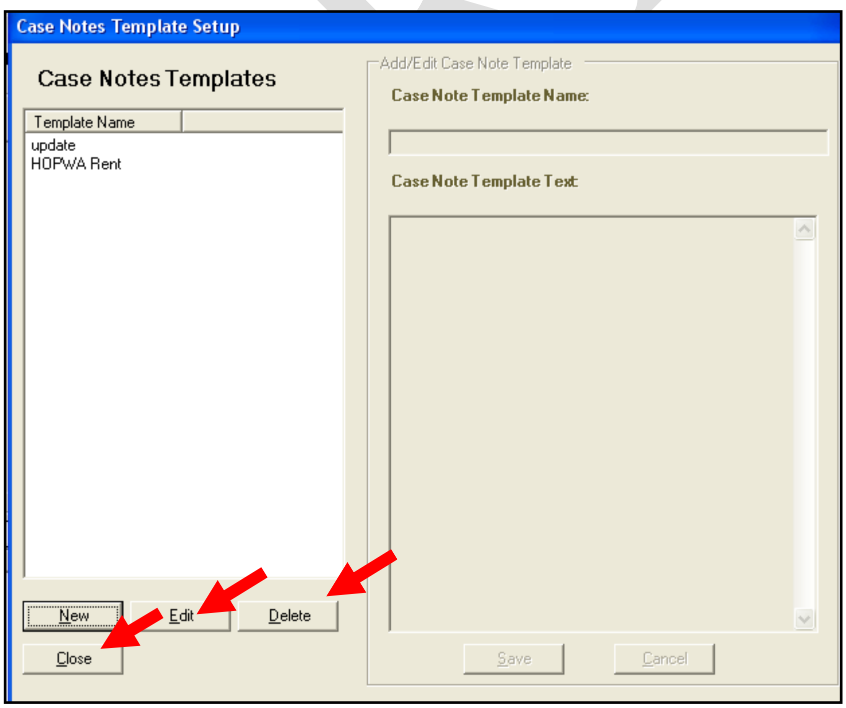
3. On the **Case Notes Template Setup** screen, select **New**.



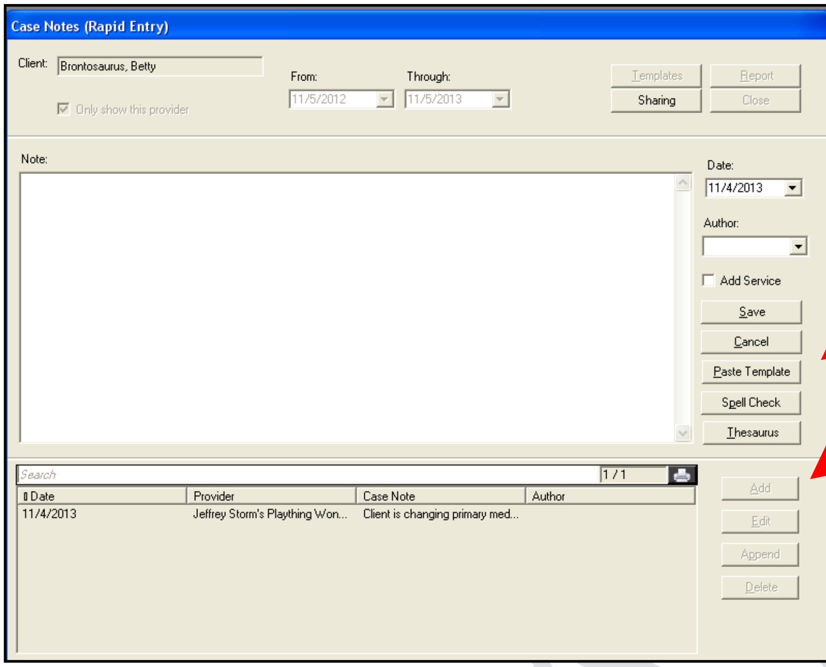
4. Add a **Case Note Template Name** and **Case Note Template Text**. Select **Save**.



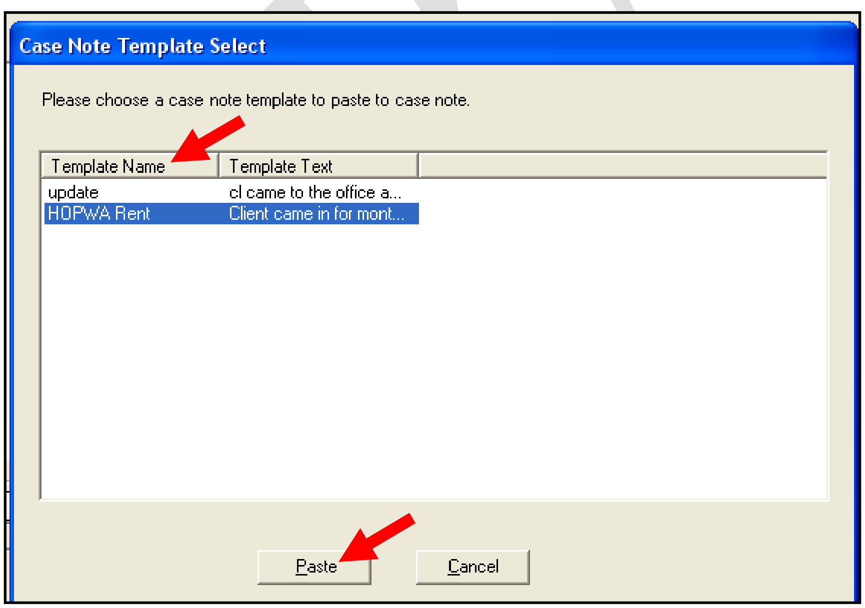
5. **Case Note Templates** will appear on the left side of the screen. **NOTE:** If you need to adjust a template, select **Edit**. If you need to remove a template, select **Delete**. Select **Close** to leave the screen.



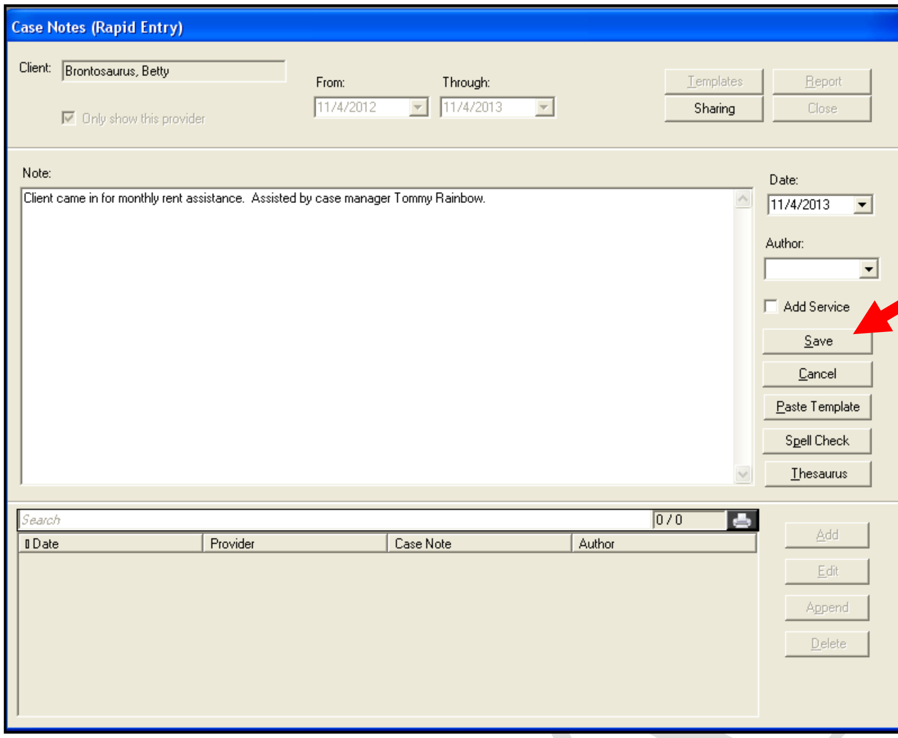
6. To add a **Case Note Template**, select **Paste Template** after hitting **Add** on the **Case Note** screen.



7. Choose the **Template Name** you want to use and select **Paste**.

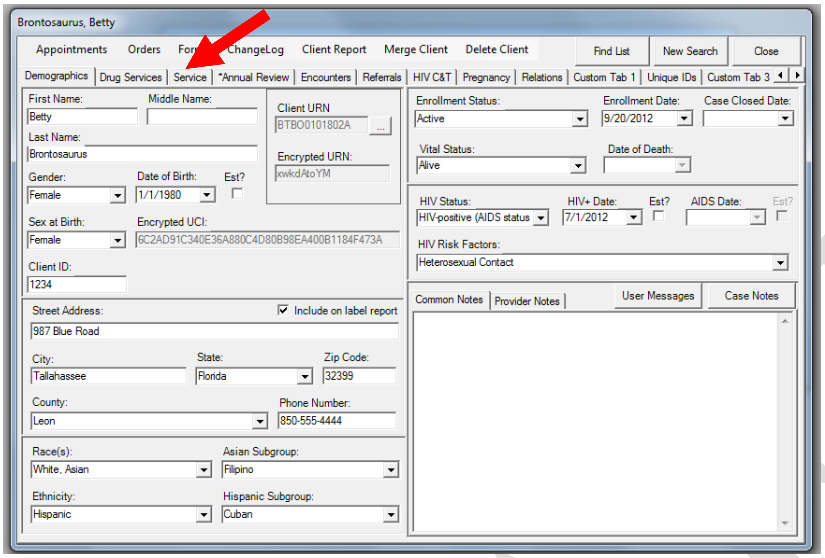


8. **Save** the template. The Case Note Template is added to the client record.

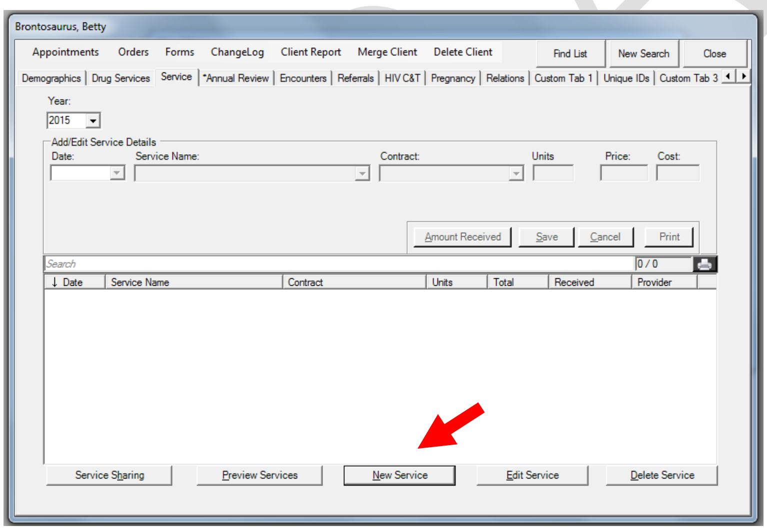


Part 9 – Service

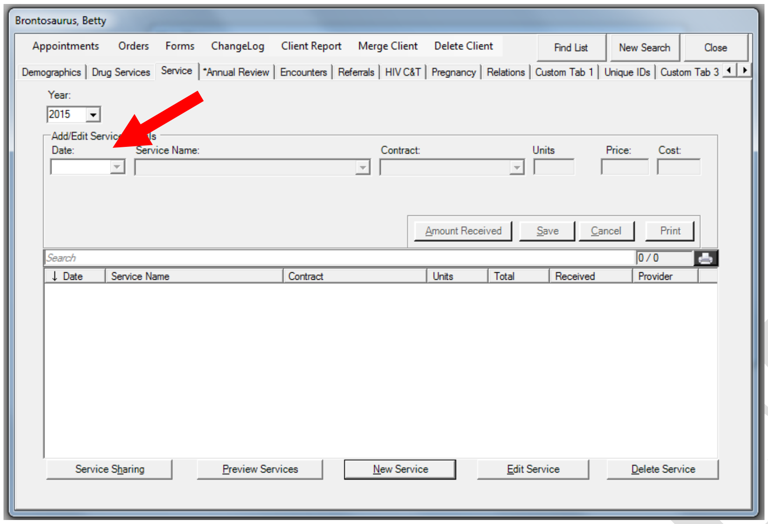
1. From the client's details screen, select the **Service** tab.



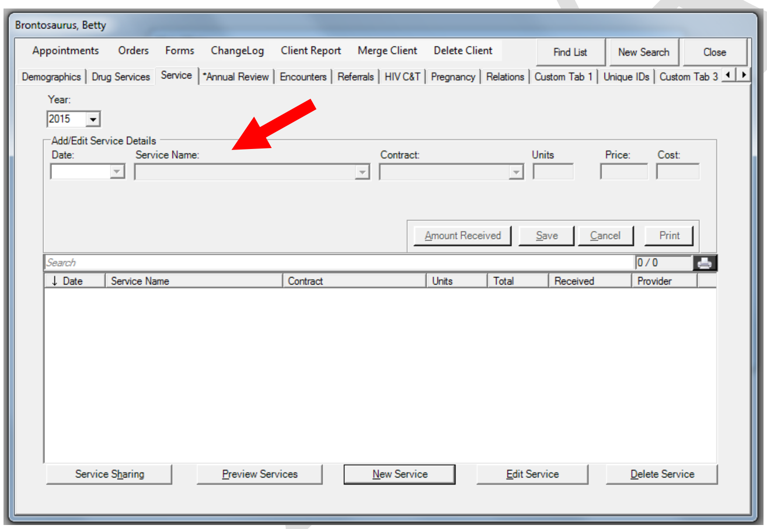
2. Click on the **New Service** button to begin entering a new service.



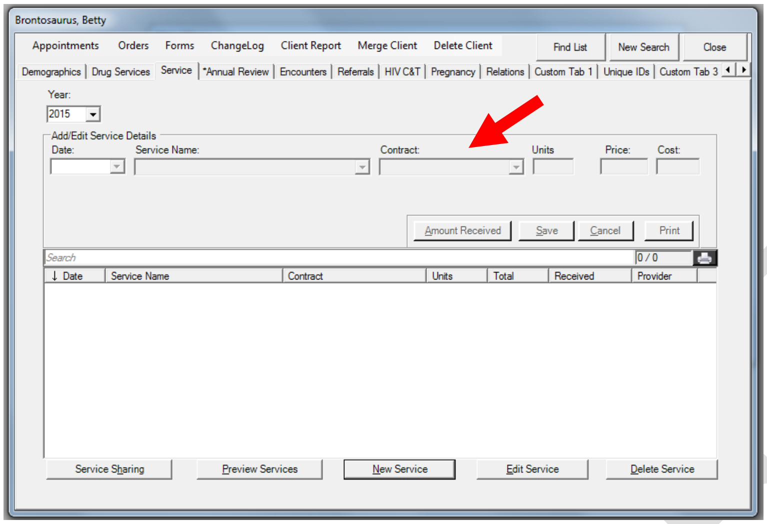
3. Enter the **Date** of the service. You can do this manually using the mm/dd/yyyy format or by selecting a date from the drop-down calendar.



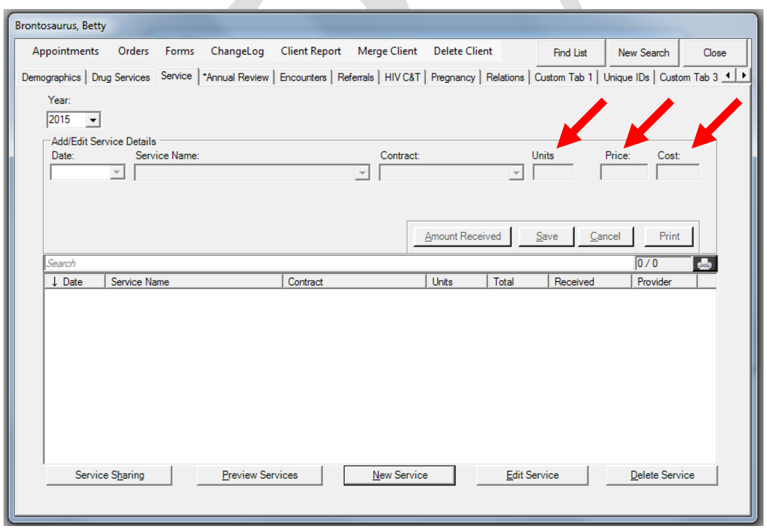
4. Enter the **Service Name**. You can use the drop-down menu or type the first few letters of the service.



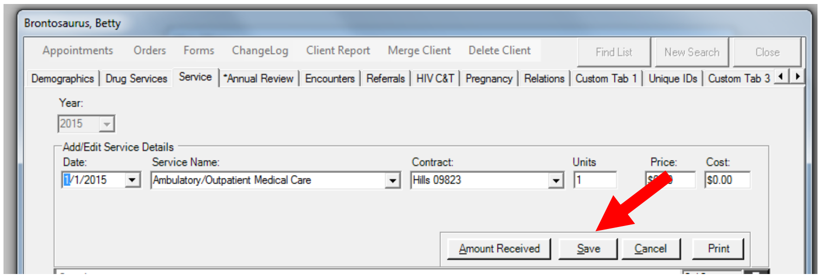
5. Enter the **Contract** that funds the service. The contracts under which this service can be provided will be displayed on the drop-down menu. If your agency has a single contract to provide the service you selected, only that contract name will appear.



6. The number of **Units**, **Price** and **Cost**, if any, is set by default when the contract is entered into CAREWare. Unit cost is for internal use; it is not a required field. If tracked, your agency will be able to keep a detailed accounting of service costs. Both fields may be adjusted from the default values if necessary.

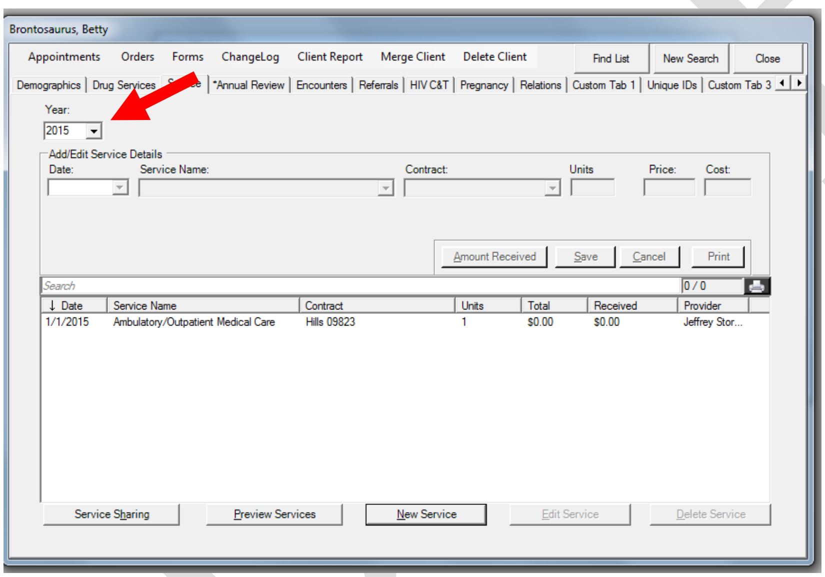


7. Click the **Save** button when finished entering data.



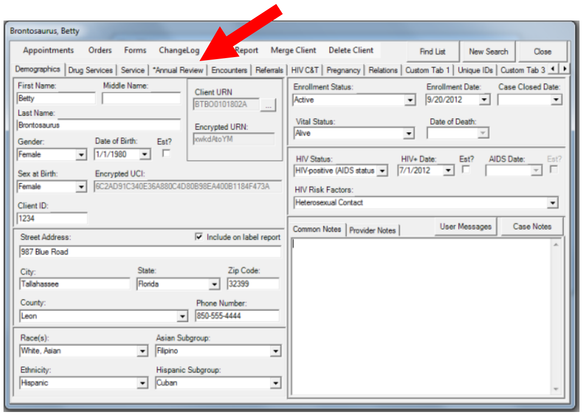
8. Additional field on the **Service** tab:

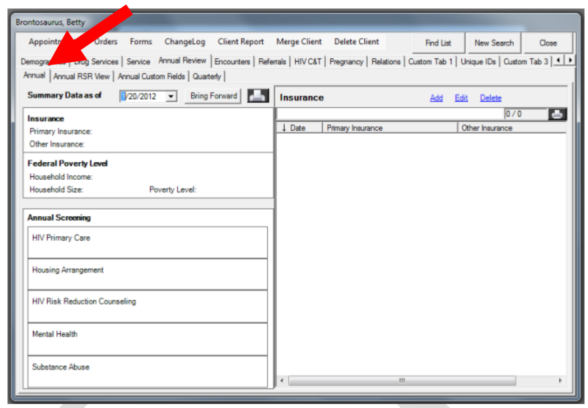
   a. **Year**: CAREWare separates services by year. If you want to see what services the client received in another year, choose that year in the drop-down menu.



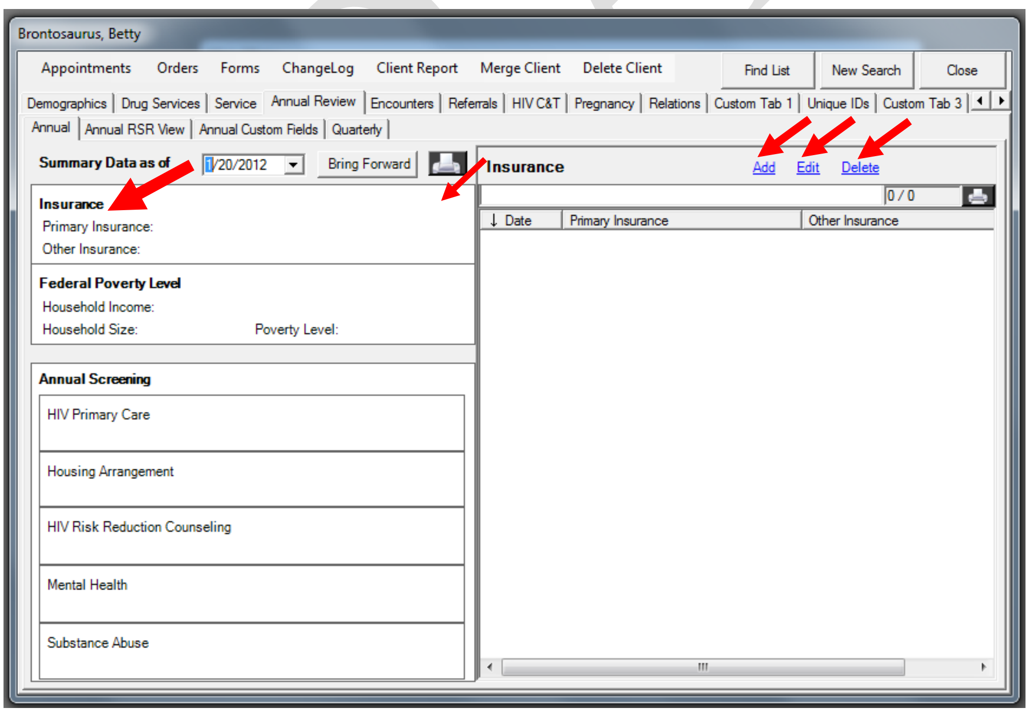
Part 10 – Annual Review

1. From the client's details screen, select the **Annual Review** tab, then the **Annual** sub-tab.

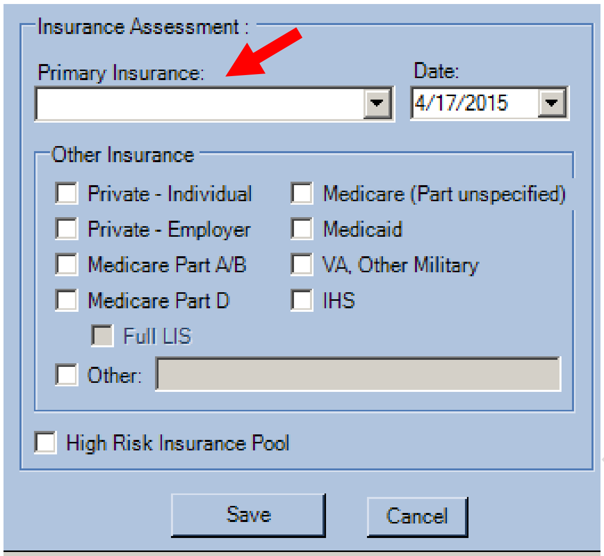




2. **Insurance**: Indicate the client's primary insurance provider, if any. Click on the **+** in the upper right corner of the **Insurance** field (it will appear when the cursor hovers near the date). Or, you can select the blue **Add** hyperlink on the right. Both options work the same. If you have to adjust an existing Insurance record, select the record and click on **Edit**. If you have to remove an existing Insurance record, select the record and click on **Delete**. These actions are the same for all of the **Annual Review** options.

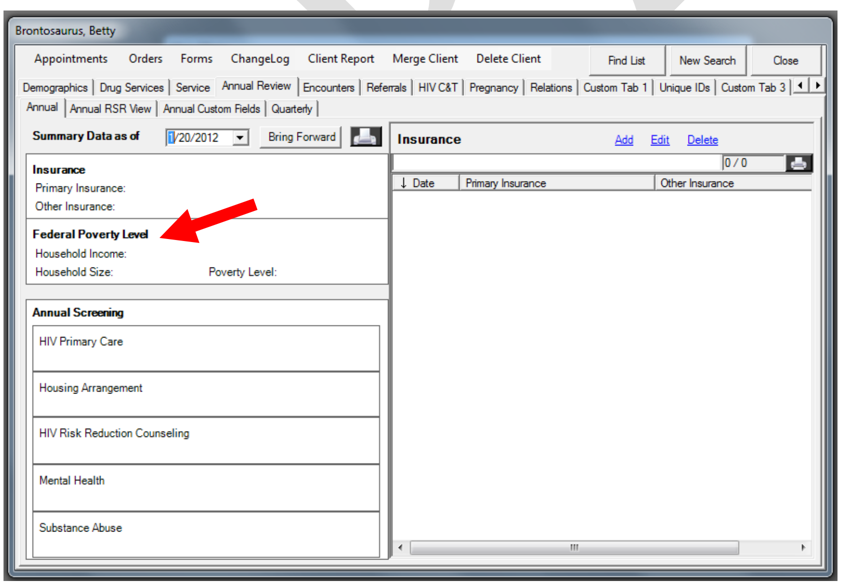


3. The **Insurance Assessment** screen will appear with a **Primary Insurance** drop-down menu that contains the most common types of insurance, such as **Medicaid** or **Private - Insurance**. Similar options are available for **Other Insurance**.



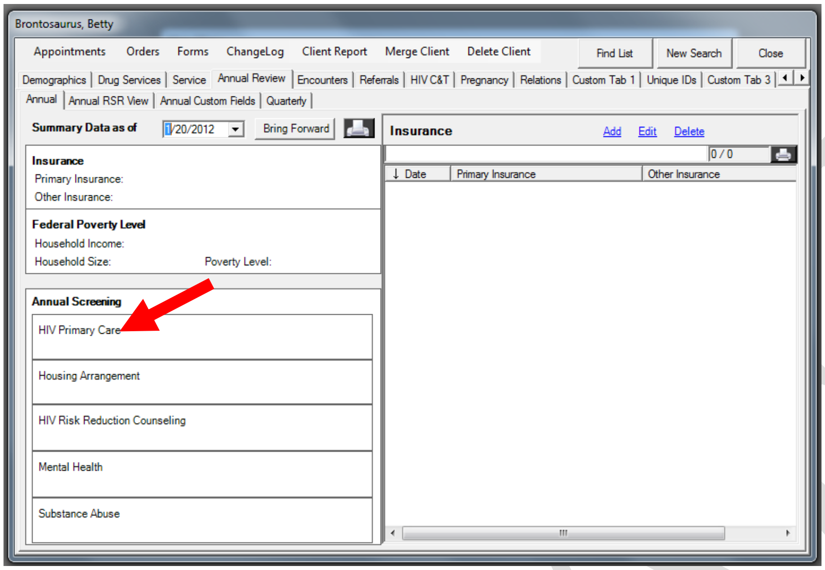
Note: Clients with insurance plans purchased through the Federal Marketplace should be coded as Private-Individual.

4. **Federal Poverty Level**: Indicate the total household income and number in household. CAREWare will calculate the client's Federal Poverty Level.

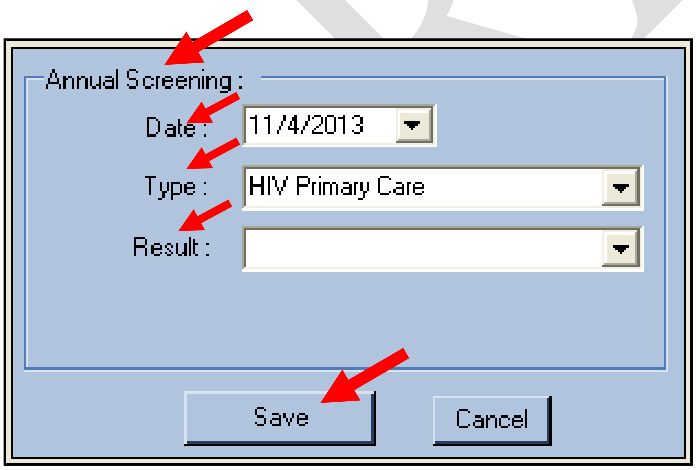


5. **Annual Screening**

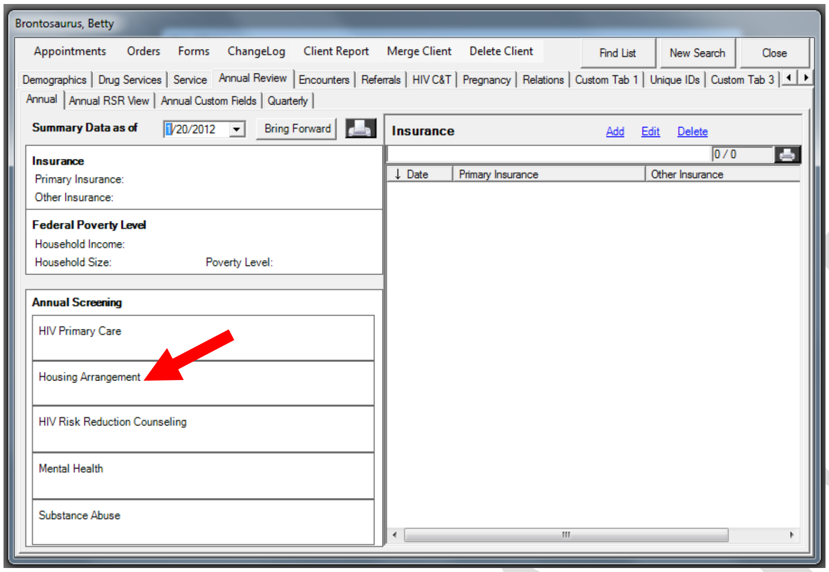
a. **HIV Primary Care**: Indicate where the client receives his or her primary medical care. Click on the **+** in the upper right corner of the **HIV Primary Care** field (it will appear when the cursor hovers near the date).



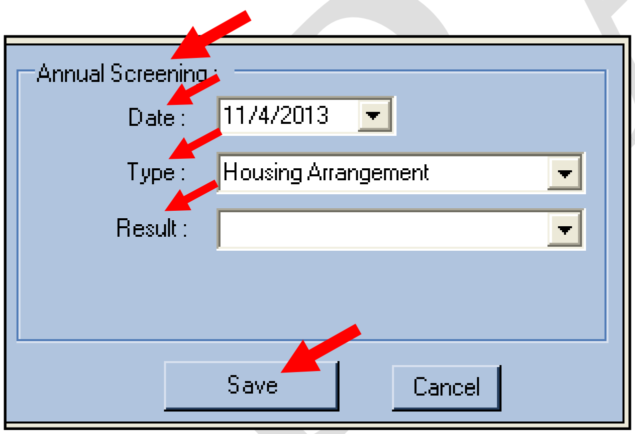
b. The **Annual Screening** screen will appear with drop-down menus for the **Date**, **Type** and **Result**. In the **Type** menu, choose **HIV Primary Care**. **Save** your entries.



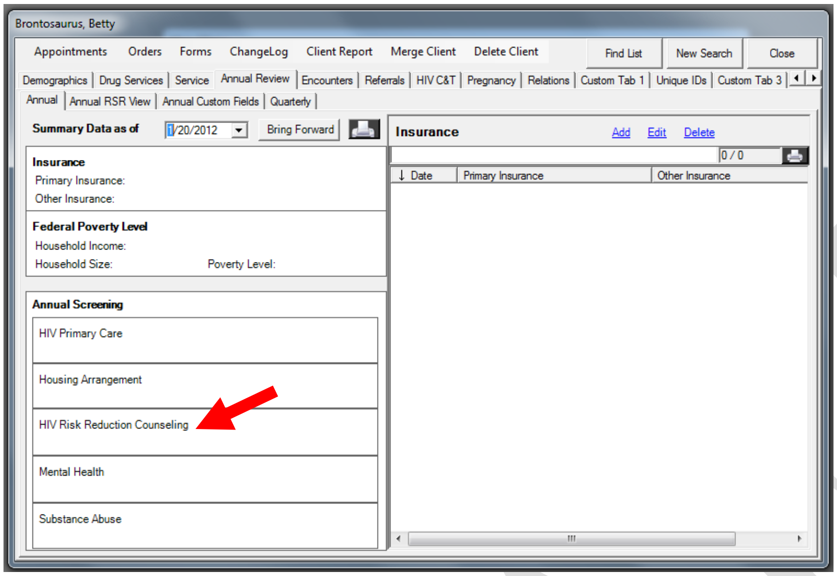
c. **Housing Arrangement**: Indicate the client's housing status. Click on the **+** in the upper right corner of the **Housing Arrangement** field (it will appear when the cursor hovers near the date).



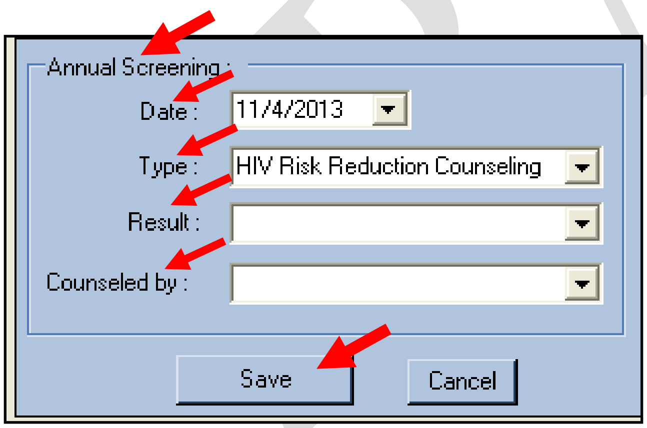
d. The **Annual Screening** screen will appear with drop-down menus for the **Date**, **Type** and **Result**. In the **Type** menu, choose **Housing Arrangement**. **Save** your entries.



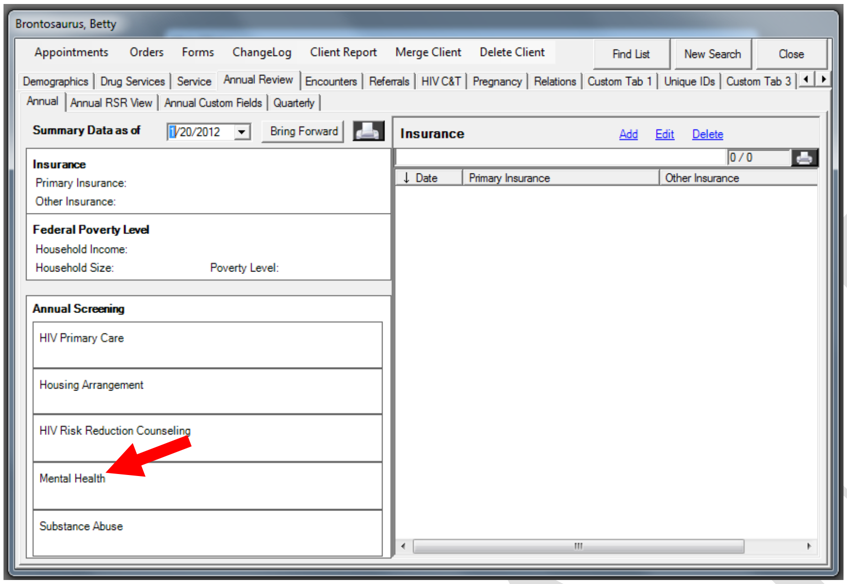
e. **HIV Risk Reduction Counseling**: Indicate if the client received HIV risk reduction counseling. Click on the **+** in the upper right corner of the **HIV Risk Reduction Counseling** field (it will appear when the cursor hovers near the date).



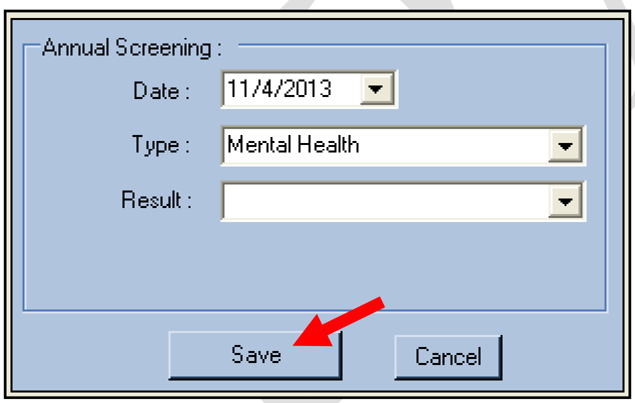
f. The **Annual Screening** screen will appear with drop-down menus for the **Date**, **Type**, **Result** and **Counseled by**. In the **Type** menu, choose **HIV Risk Reduction Counseling**. **Save** your entries.



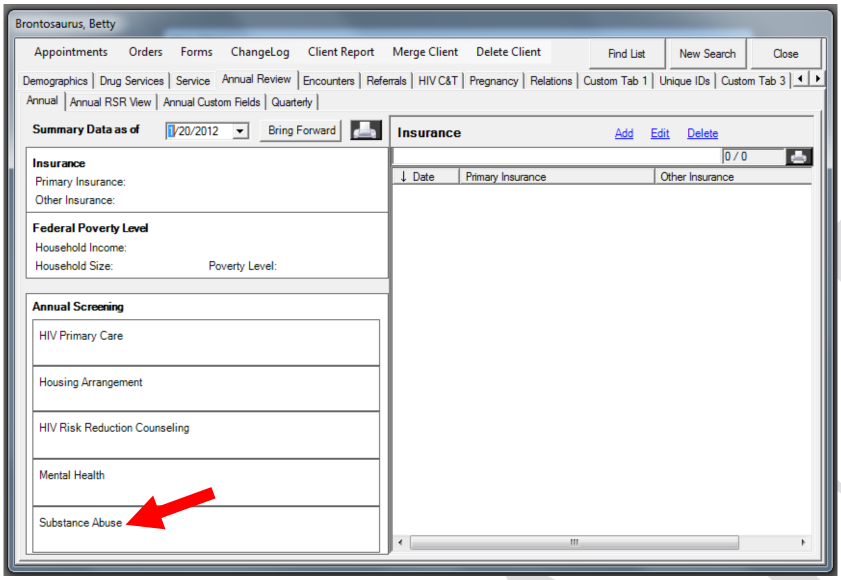
g. **Mental Health**: Indicate if a mental health screening was performed. Click on the **+** in the upper right corner of the **Mental Health** field (it will appear when the cursor hovers near the date).



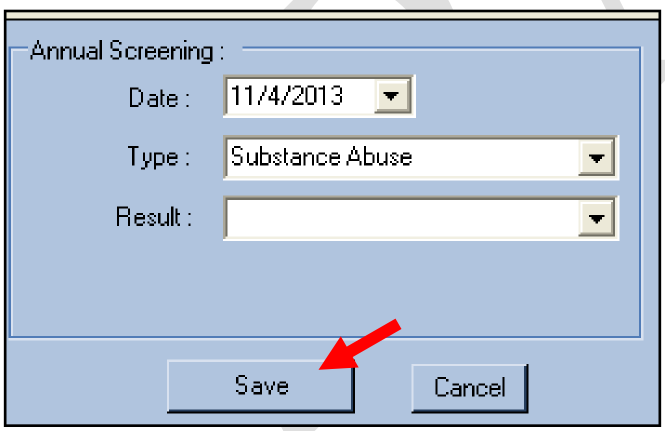
h. The **Annual Screening** screen will appear with drop-down menus for the **Date**, **Type** and **Result**. In the **Type** menu, choose **Mental Health**. **Save** your entries



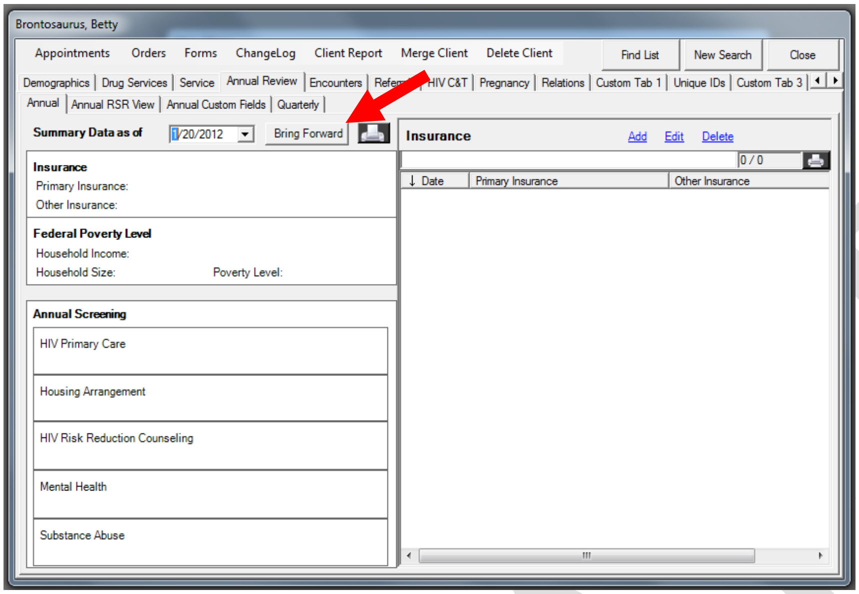
i. **Substance Abuse**: Indicate if a substance abuse screening was performed. Click on the **+** in the upper right corner of the **Substance Abuse** field (it will appear when the cursor hovers near the date).



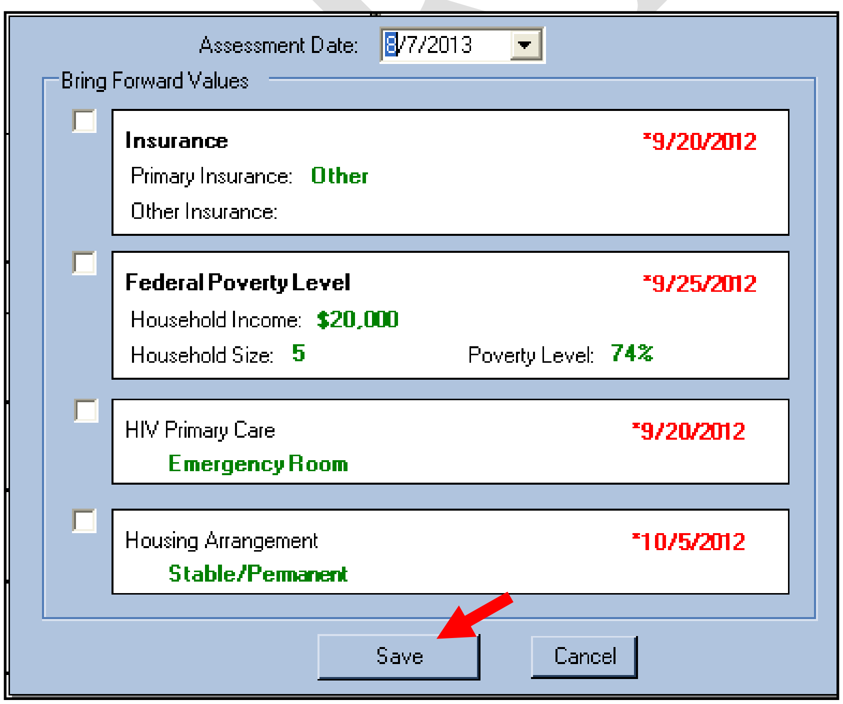
j. The **Annual Screening** screen will appear with drop-down menus for the **Date**, **Type** and **Result**. In the **Type** menu, choose **Substance Abuse**. **Save** your entries.



6. If the values for **Insurance**, **Federal Poverty Level**, **HIV Primary Care** or **Housing Arrangement** have not changed from the last assessment, you may update the current assessment with those values by selecting the **Bring Forward** button.



7. The **Bring Forward Values** screen appears. Place a checkmark in the boxes of the values that you want to bring forward and press **Save**.



Part 11 – Encounter

A. Entering Clinical Encounter Information

When entering data about an encounter, remember that the information applies only to the specific date of that encounter, whether it is today or a prior visit.

B. Rapid Entry Screens in Encounters

Rapid entry screens allow for quick additions and changes to clinical encounter information entered from any date. The encounter-by-encounter screens allow providers to see current information, as well as some information from the previous encounter. By default, all rapid entry screens show you the entire previous year of data, but you can modify this to any date range.

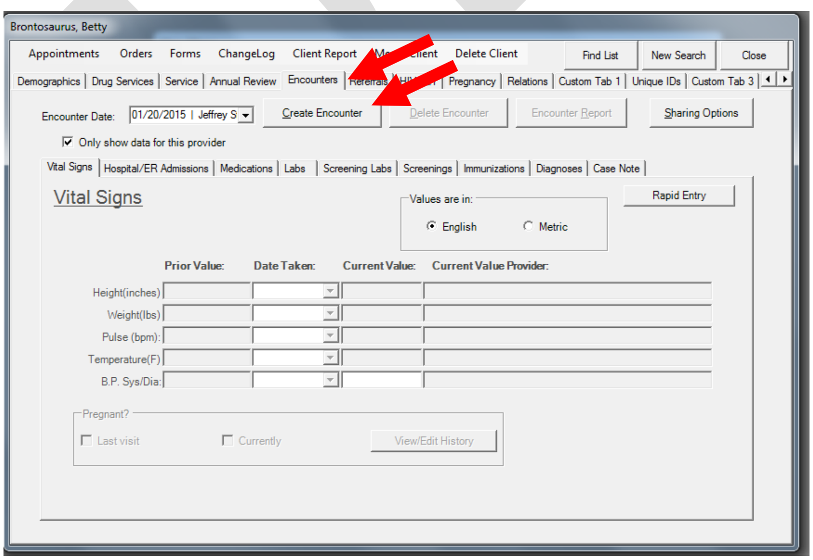
Rapid entry screens give providers an overview of a client's historical data in each clinical area. Users can readily produce charts and progress reports that allow for quick review of the medical history for any date range selected. Charting options are available in sub-tabs to plot quantitative values that change over time, such as lab results for CD4 count and viral load or other tests and vital signs.

You can add, edit or delete information in any of the rapid entry screens. We recommend that you use rapid entry only for minor additions and corrections to clinical information; for example, a client stops or changes a medication between visits. Using dated clinical encounters to enter information makes it easier for you and others to access that information in the future.

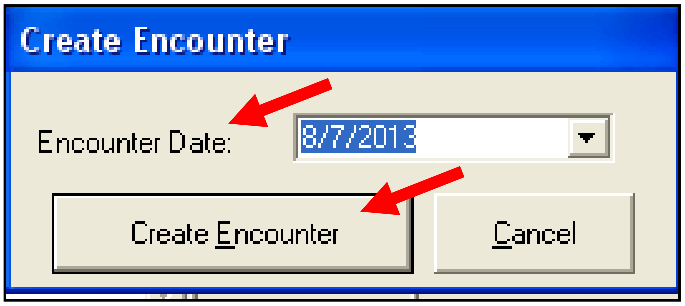
The Rapid Entry screen for each encounter sub-tab is presented here after the sub-tab's instructions.

C. Encounters

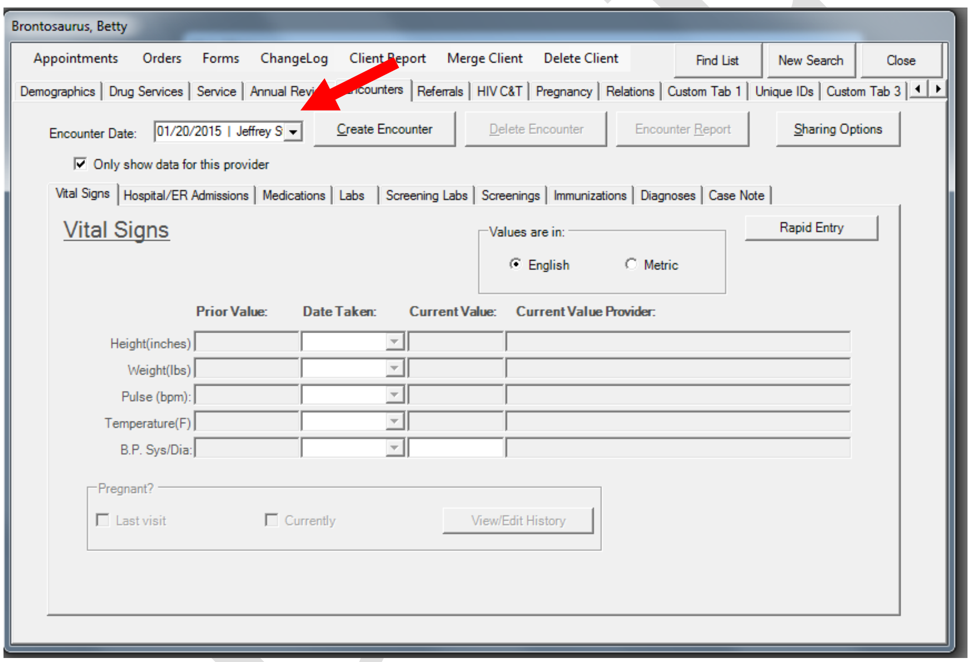
1. To begin entry on a new encounter, select the **Encounters** tab. Click on **Create Encounter**.



2. The **Create Encounter** screen will appear. Enter the **Encounter Date** and click on **Create Encounter** on that screen. The date shown will default to today's date.

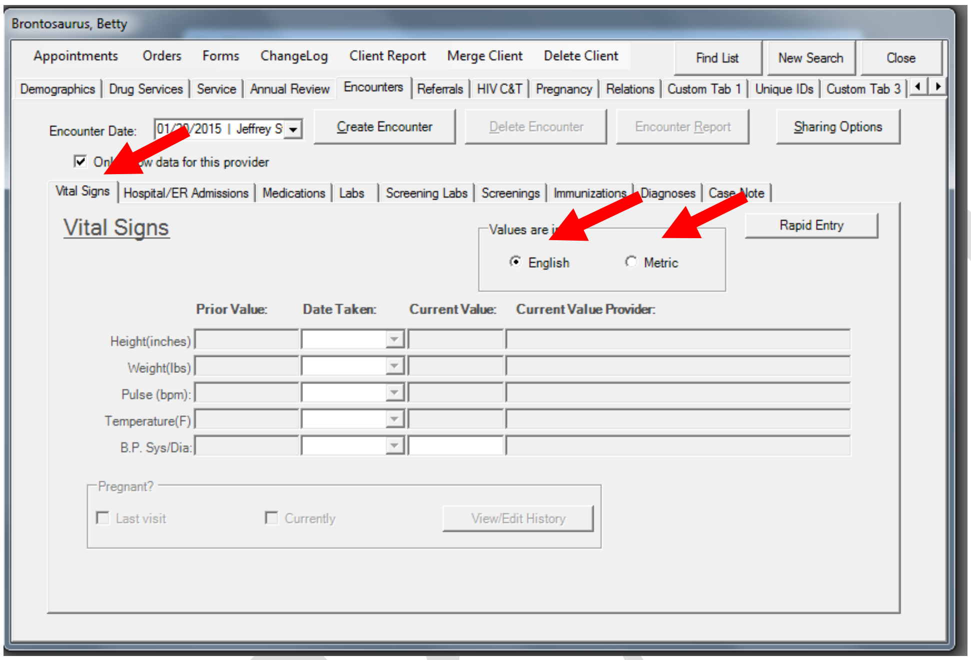


3. To access a prior encounter, use the drop-down menu in the **Encounter Date** menu to find the previous encounter date.

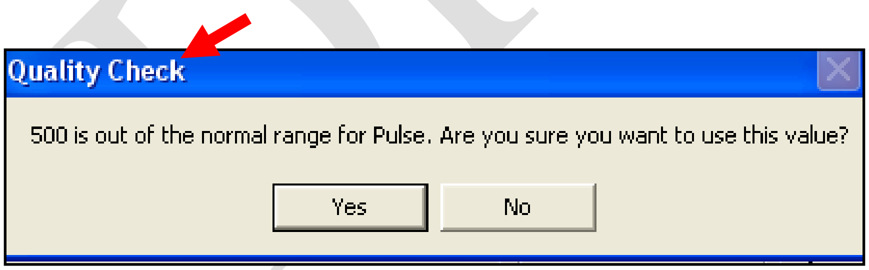


D. Vital Signs

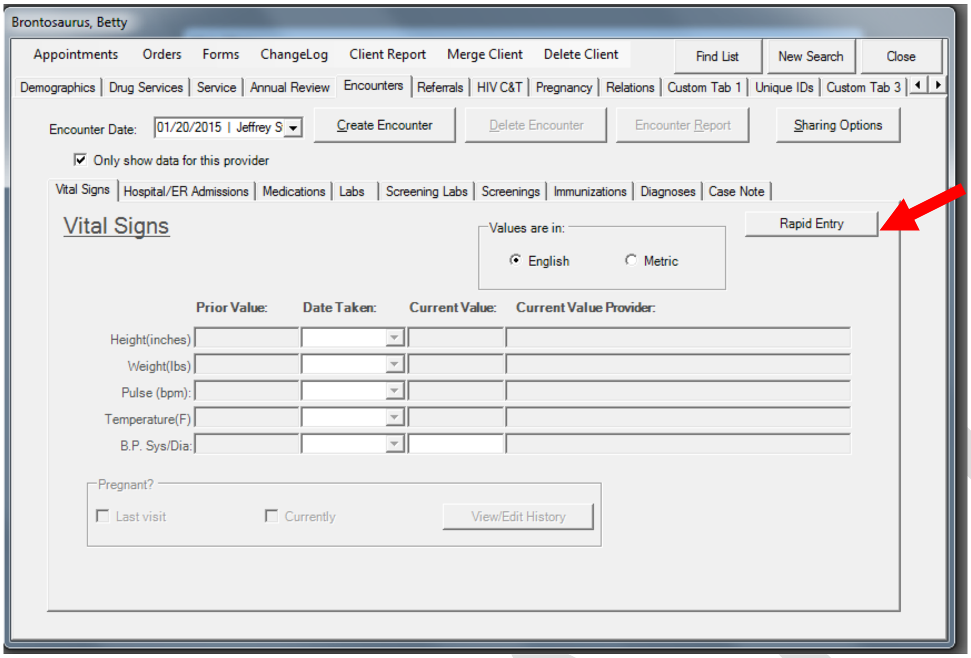
1. **Vital Signs** can be entered in **English** or **Metric** values. Height is entered in inches or centimeters, weight in pounds or kilograms, and temperature in Fahrenheit or Celsius. Pulse and blood pressure are not affected. For each vital sign, CAREWare has set a "normal" range. If the value you enter is outside of that range, you'll be asked if you want to correct it.



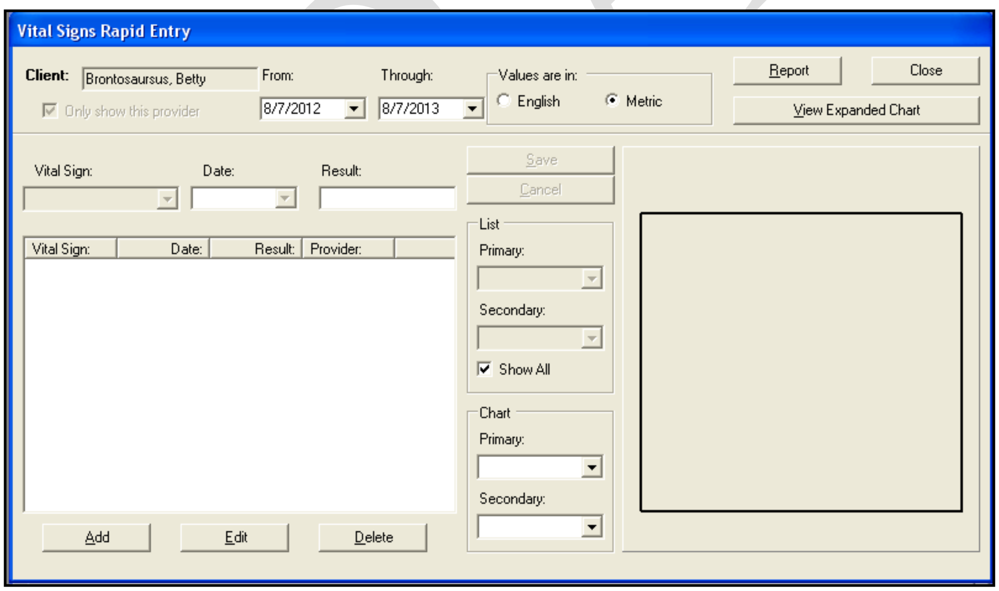
a. Below is an example of a **Quality Check** message when a value is outside of the range.



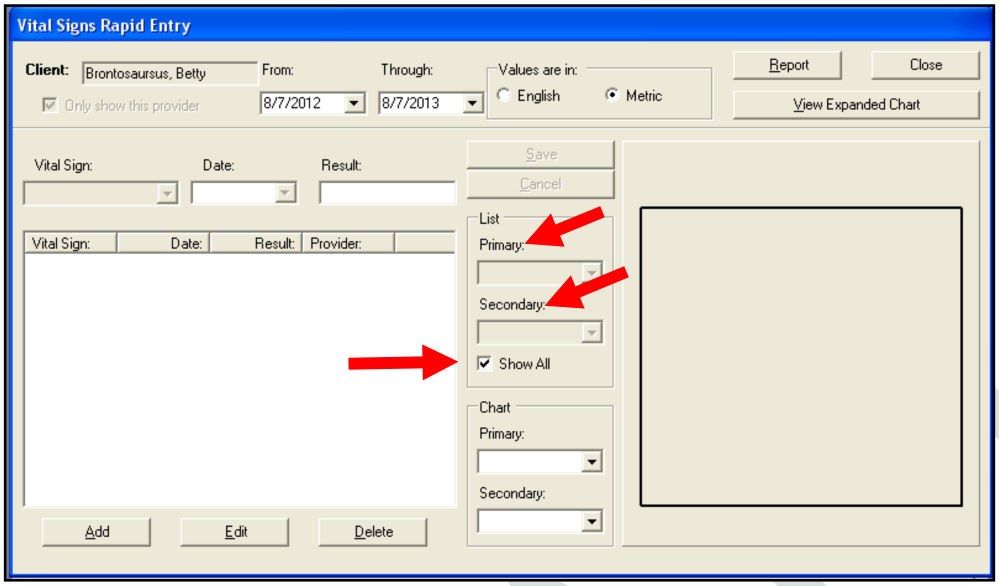
2. To use the rapid entry feature, click on the **Rapid Entry** button.



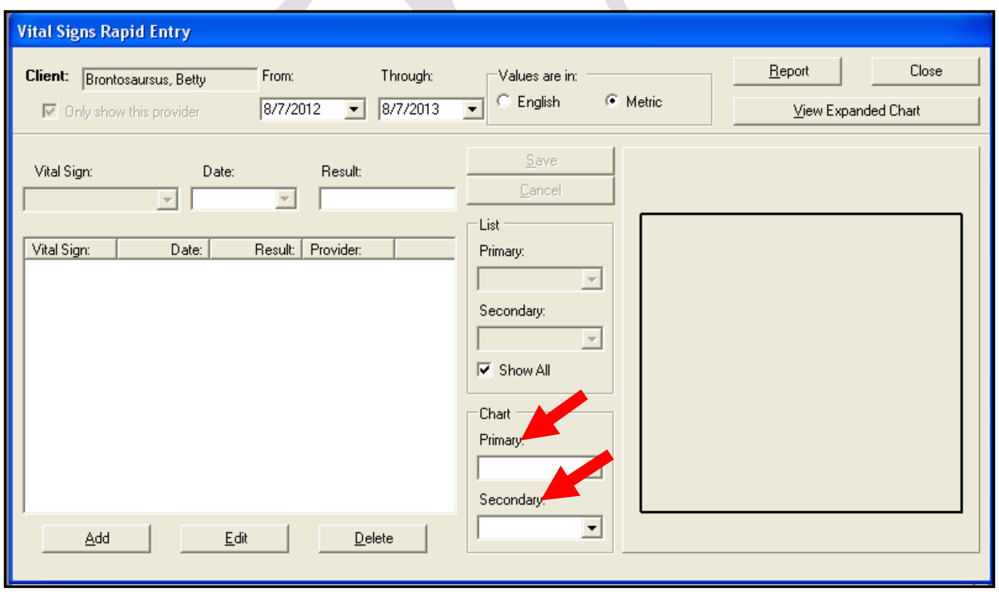
3. The **Vital Signs Rapid Entry** screen will appear.



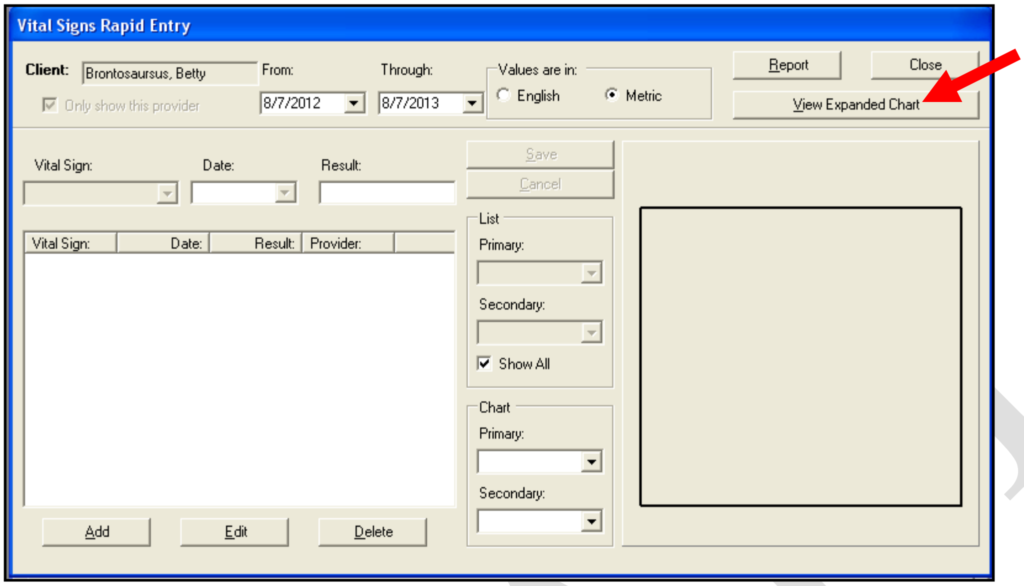
4. By default, all vital signs from the last year are shown. Un-checking the **Show All** button will allow you to see only one or two (**Primary** and/or **Secondary**) values from the drop-down menus in the **List**.



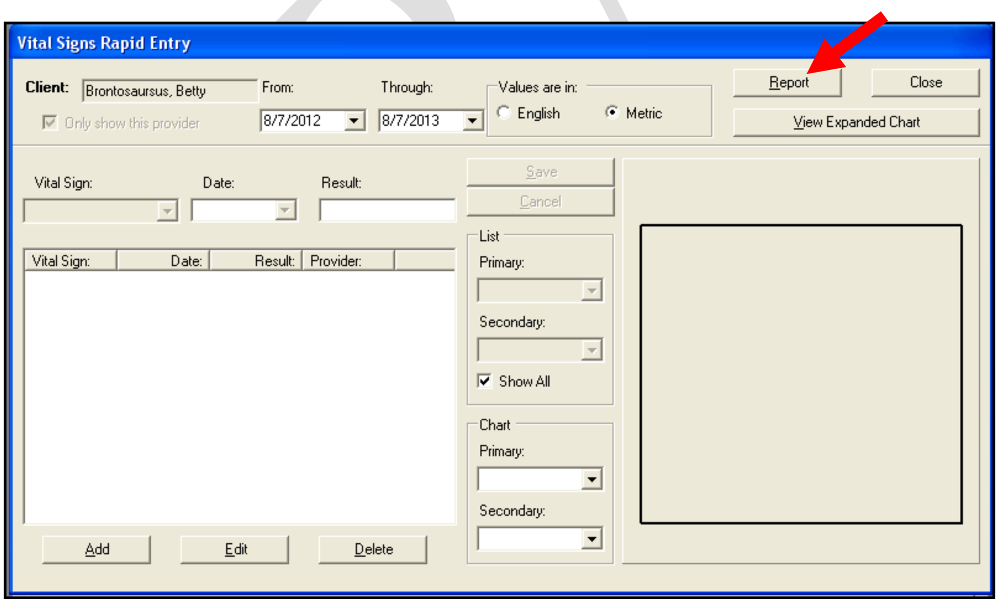
5. You can also choose **Primary** and/or **Secondary** values from the drop-down menus from which to run a **Chart.**



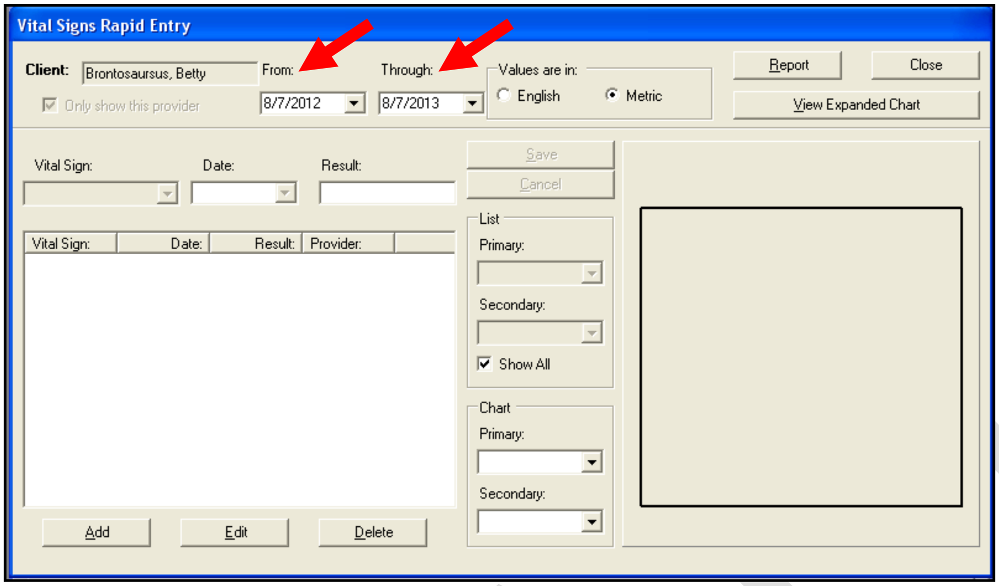
6. The **View Expanded Chart** button allows you to see a larger version of the chart and choose whether to see it three-dimensionally. The expanded chart is not printable from this window.



7. The **Report** button allows you to generate a printable report based on the filters you've selected.

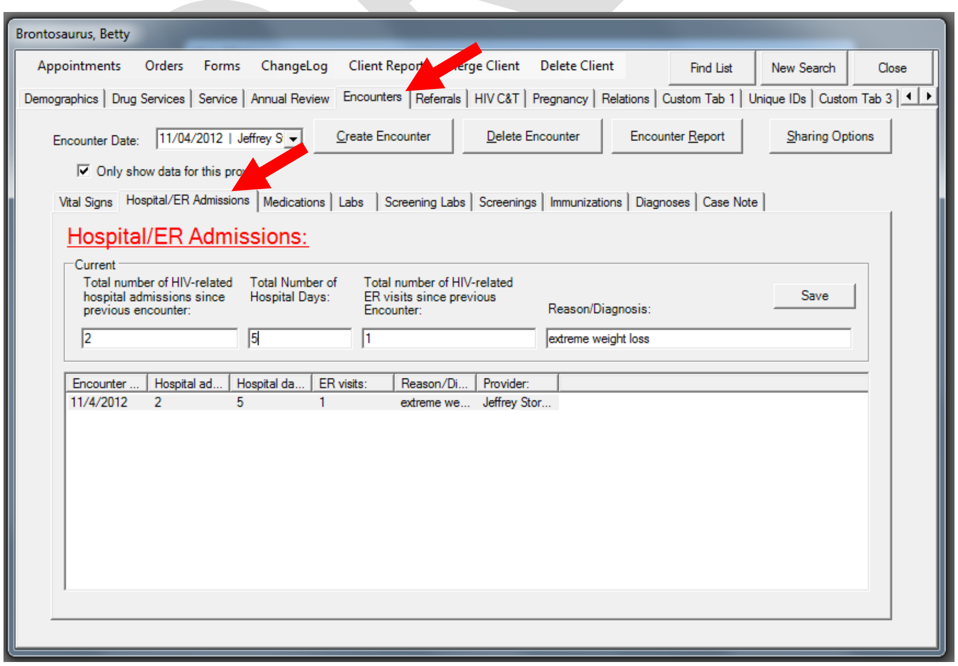


8. Change the **From** and **Through** dates and the graph will automatically re-plot using the new date range.



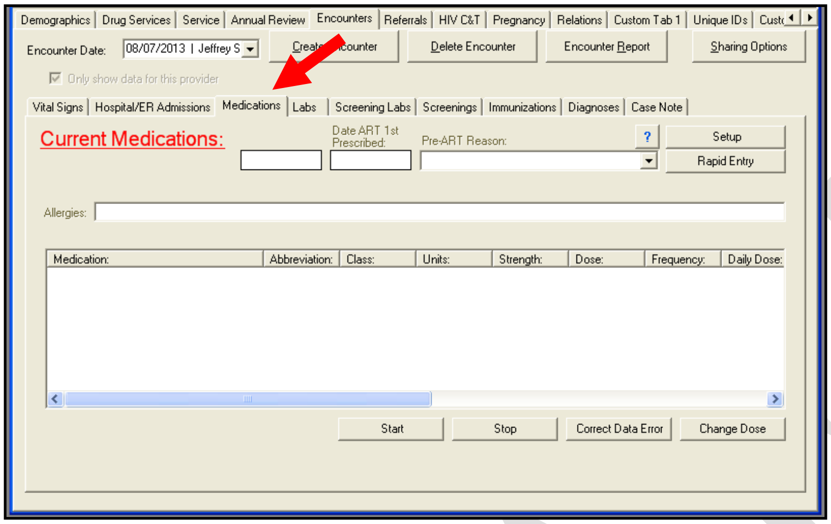
E. Hospital/ER Admissions

1. Information on a client's HIV-related hospital and emergency room (ER) admissions, number of days in hospital and reason for ER visit/diagnosis are entered under the **Hospital/ER Admissions** sub-tab. Historical information entered during encounters will appear on the bottom half of the screen. **Save** your entries.

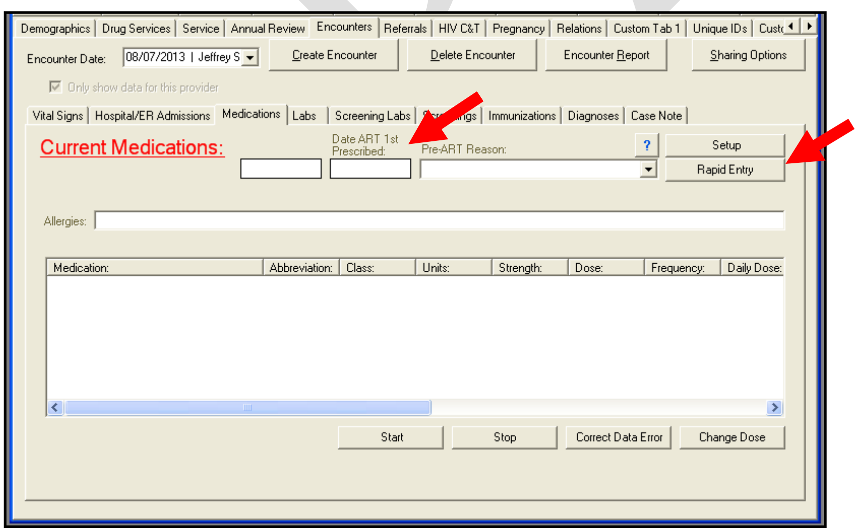


F. Medications

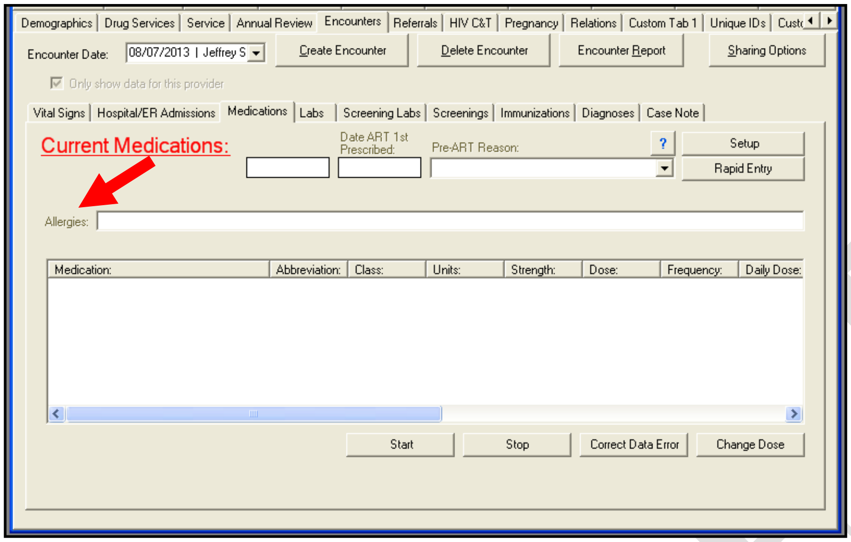
1. Enter the client’s complete medication prescription history under the **Medications** sub-tab of **Encounters**.



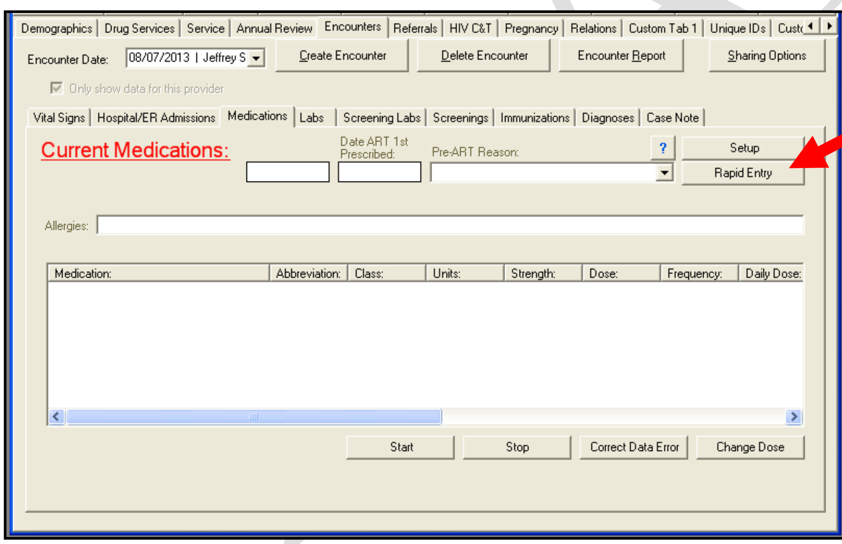
2. **Date ART 1st Prescribed** (antiretroviral therapy) defaults to the date of the first HIV medication entered into CAREWare. However, because many clients may have started ART before they came into your agency’s care, this field is editable in the **Rapid Entry** screen.



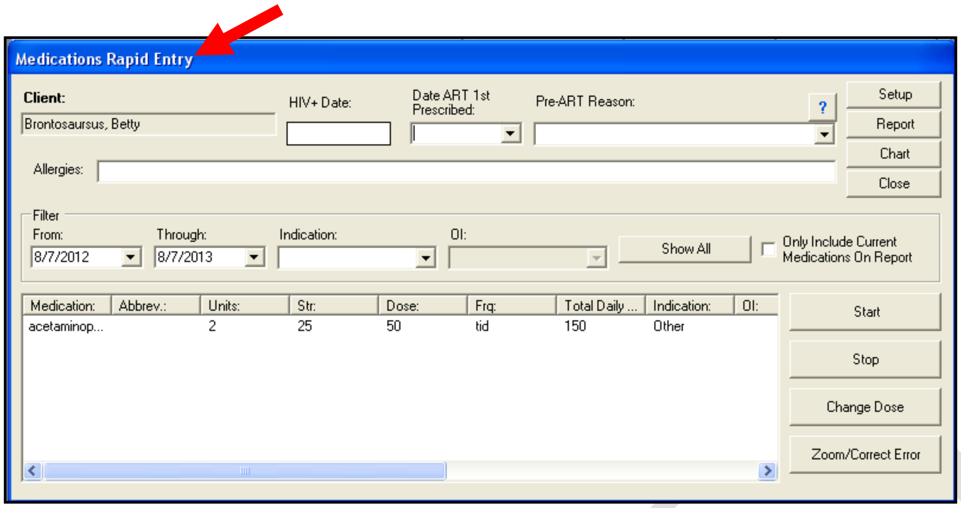
3. **Allergies**: Enter any medication allergies in this field. This information will carry over into future clinical encounters.



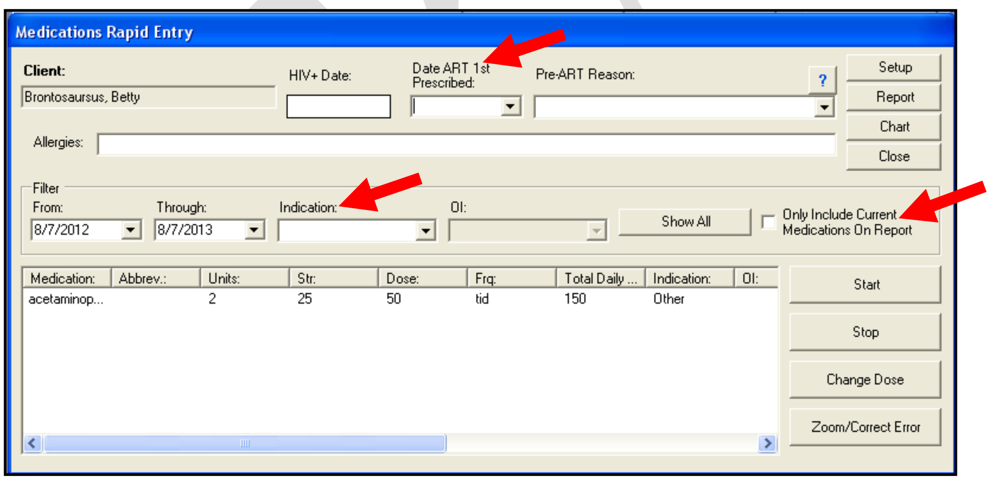
4. To use the rapid entry feature, click on the **Rapid Entry** button.



5. The **Medications Rapid Entry** screen will appear.

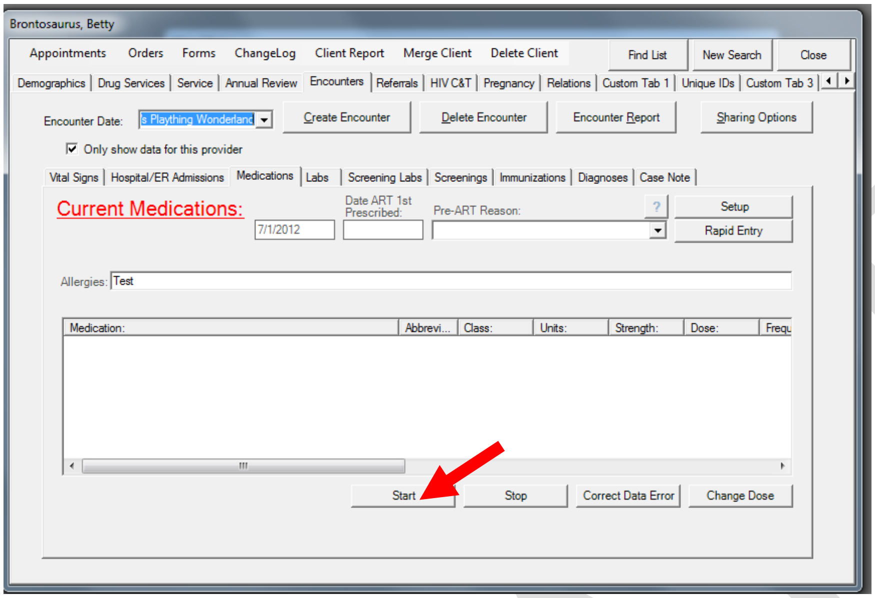


6. By default, all medications prescribed for the client are shown. You can filter them using the **Indication** drop-down menu to show only medications for **ART**, **OI prophylaxis**, **OI treatment** or **Other**. You can also modify the **Date ART 1st Prescribed** entry if the client began ART treatment prior to becoming your client. Otherwise, CAREWare will populate this field with the earliest ARV start date entered. You can also check **Only Include Current Medications On Report** for medications for which there is no stop date (or a stop date after the date range selected). This will shorten the printout for clients with many non-active medications.

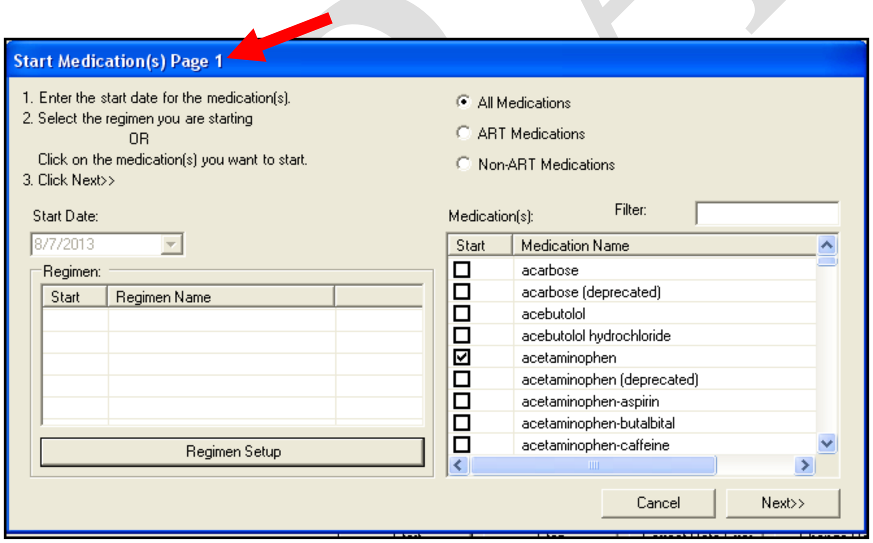


G. Starting Medications

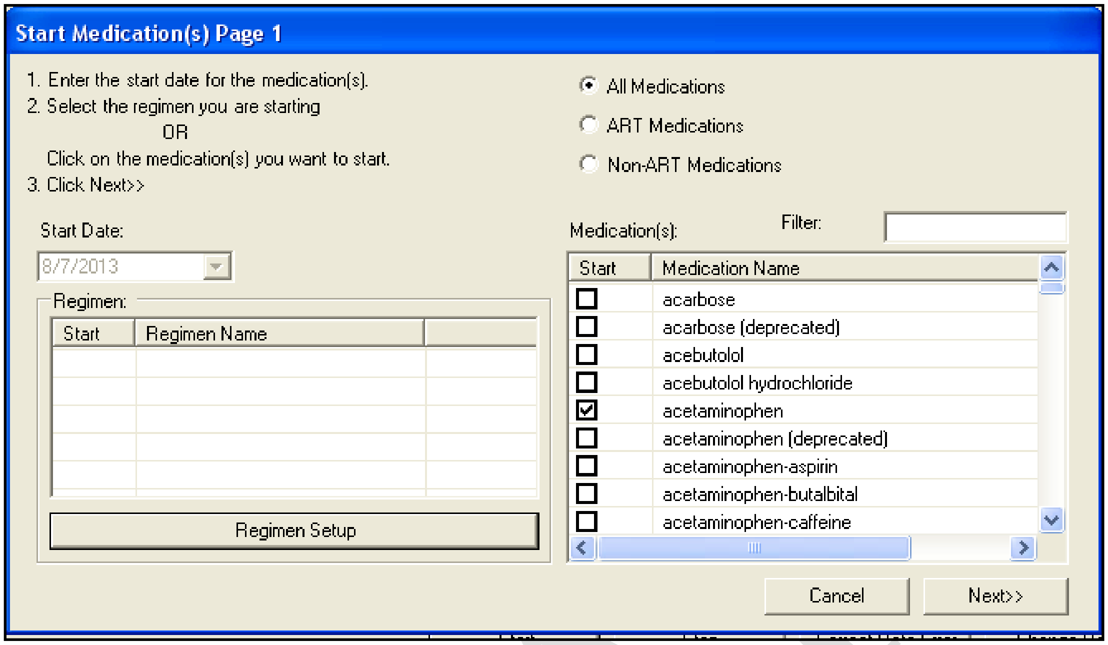
1. To start medications, press the **Start** button.



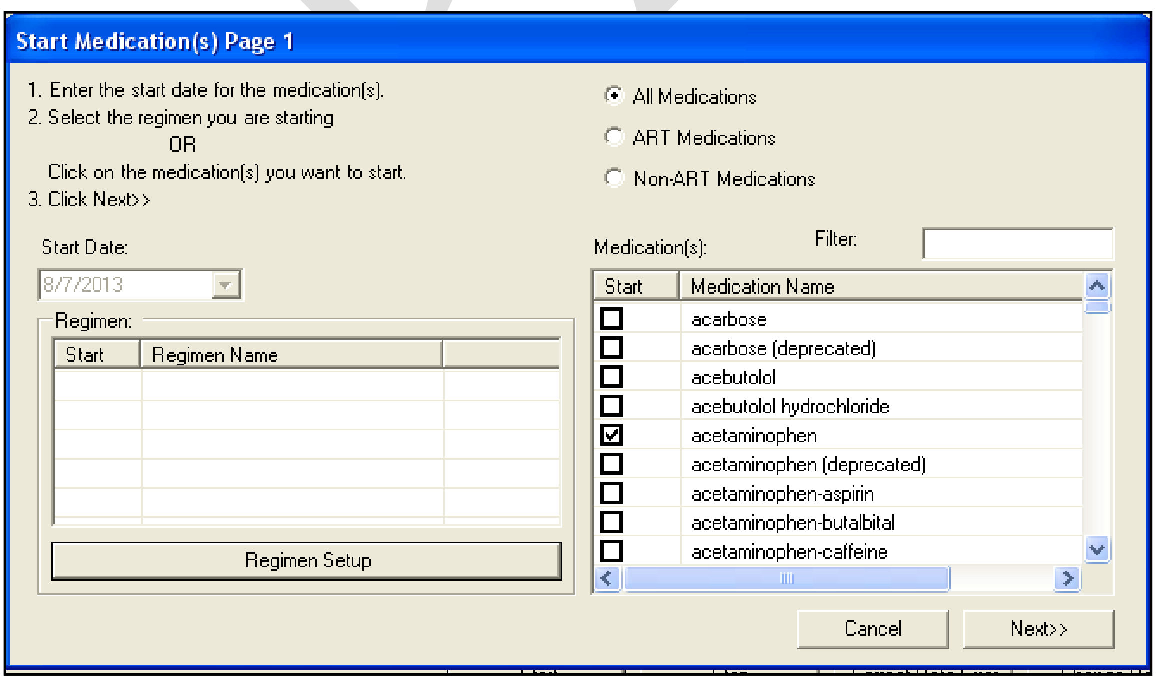
2. The **Start Medications(s) Page 1** screen will appear.



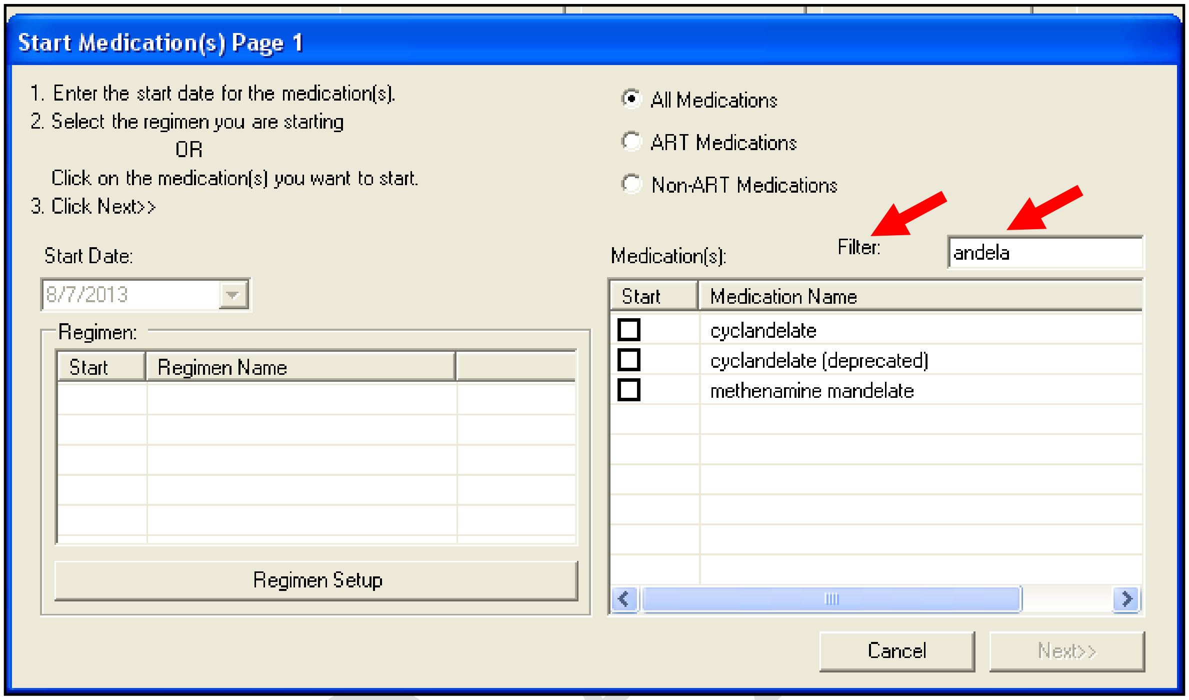
3. Enter the medication(s). Select the medication(s) by checking the box to the left of the name in the **Start** column of the scroll-down **Medication Name** menu.



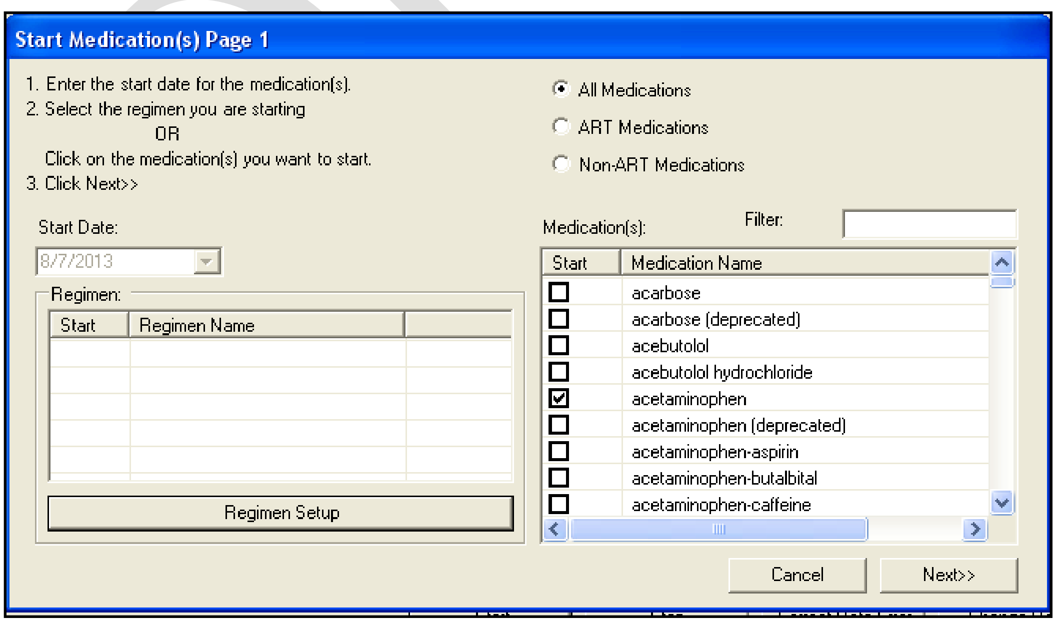
4. You can also search for the medication by typing a string of letters from its name into the **Filter** field. All medications with that string of letters will appear in the **Medication Name** menu.



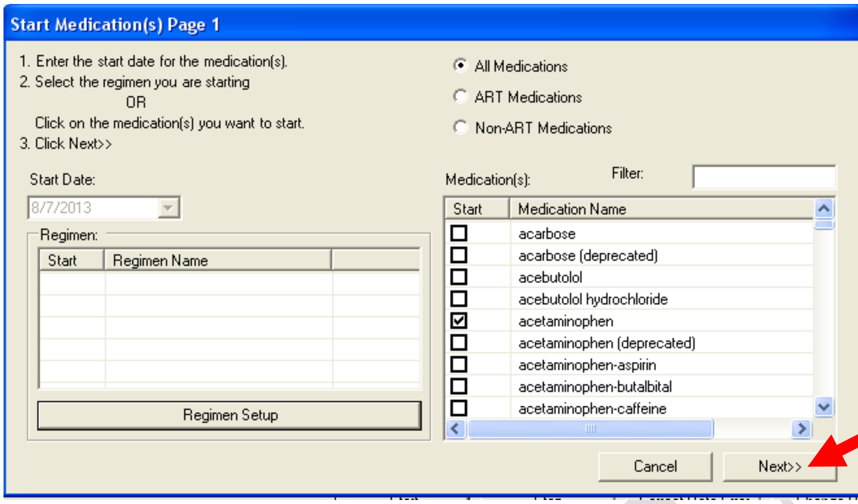
5. For example, by typing "andela" into the **Filter** field, "cyclandelate," "cyclandelate (deprecated)" and "methenamine mandelate" will be listed in the **Medication Name** menu. **NOTE:** The **Filter** field will find all medications containing the string of letters that are entered, not just those that begin with that string.



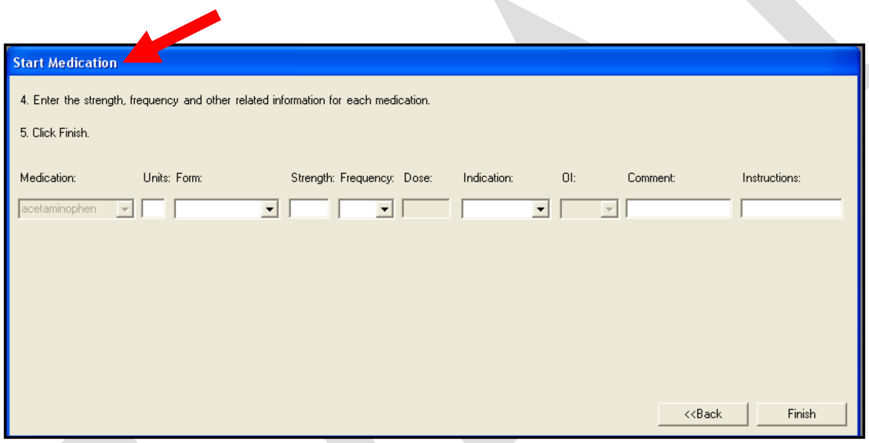
6. To narrow the medications search, choose either the **ART Medication** or **Non-ART Medications** option above the **Filter** field.



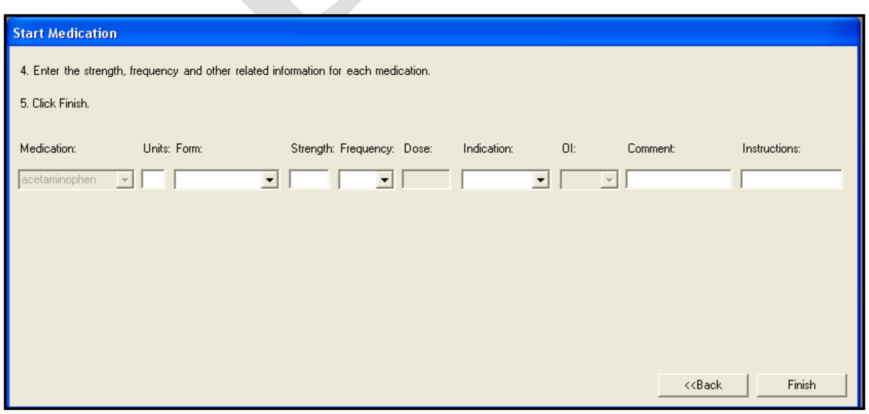
7. After selecting all medications, click **Next**.



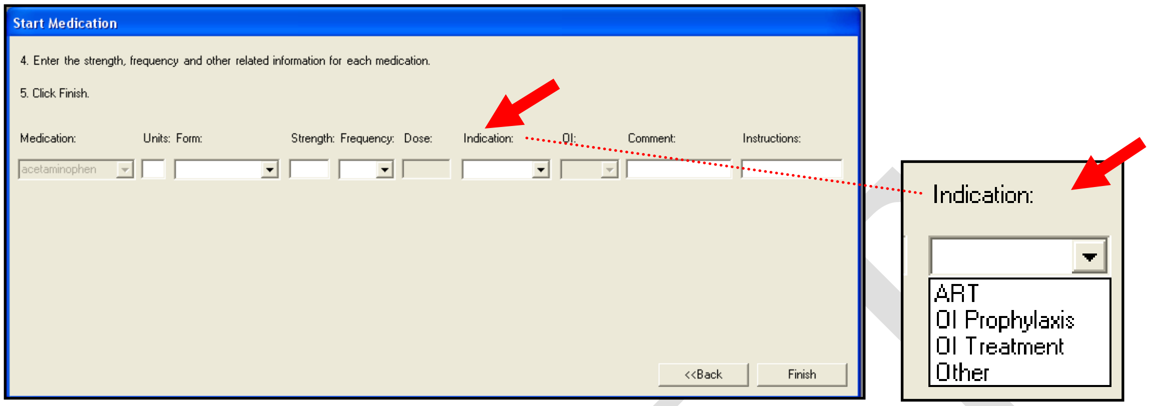
8. The **Start Medication** screen will appear.



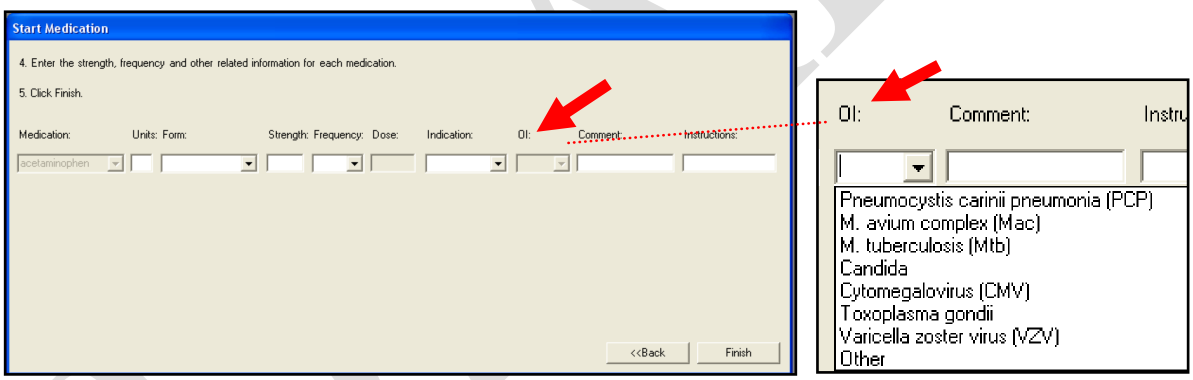
9. Add the **Units**, **Form**, **Strength** and **Frequency**.



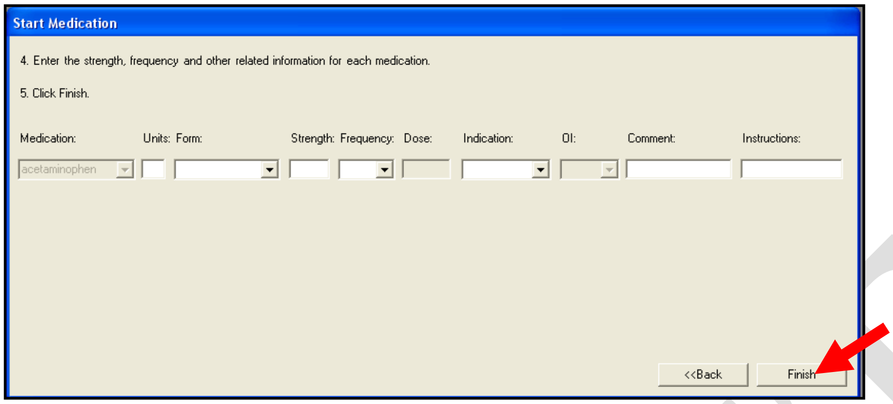
10. From the **Indication** drop-down menu, select **ART** (antiretrovirals), **OI** (opportunistic infection) **prophylaxis**, **OI treatment** or **Other** (for other medications you may enter not related to HIV care).



11. If the indication is **OI Prophylaxis** or **OI Treatment**, the **OI** drop-down menu will activate. Select the relevant opportunistic infection for which the medication(s) is being prescribed.

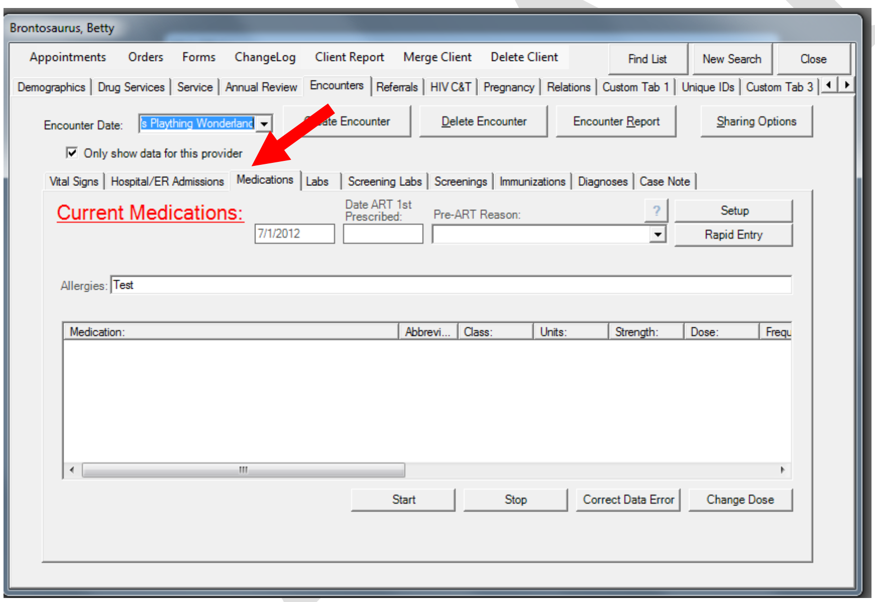


12. Click **Finish** to save.

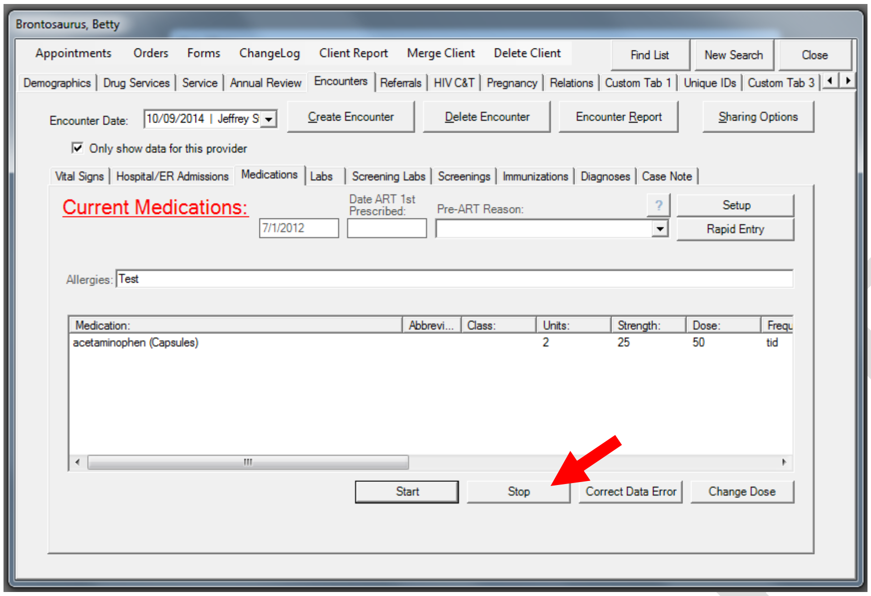


H. *Stopping Medications*

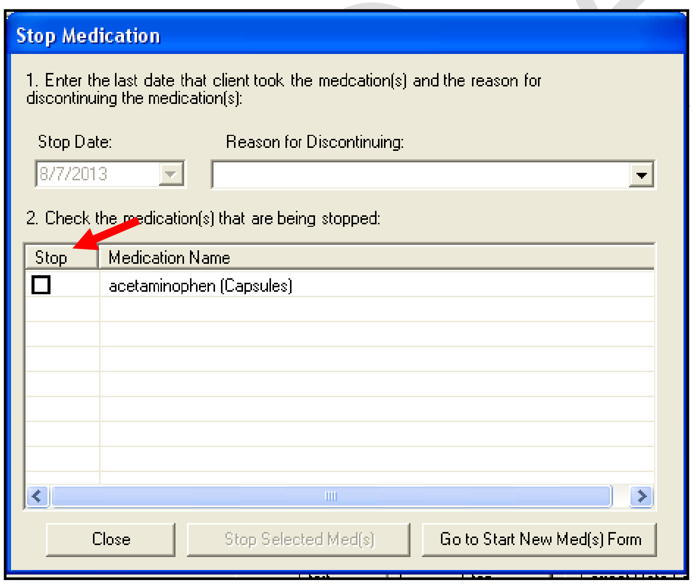
1. To stop a medication, return to the **Medications** tab.



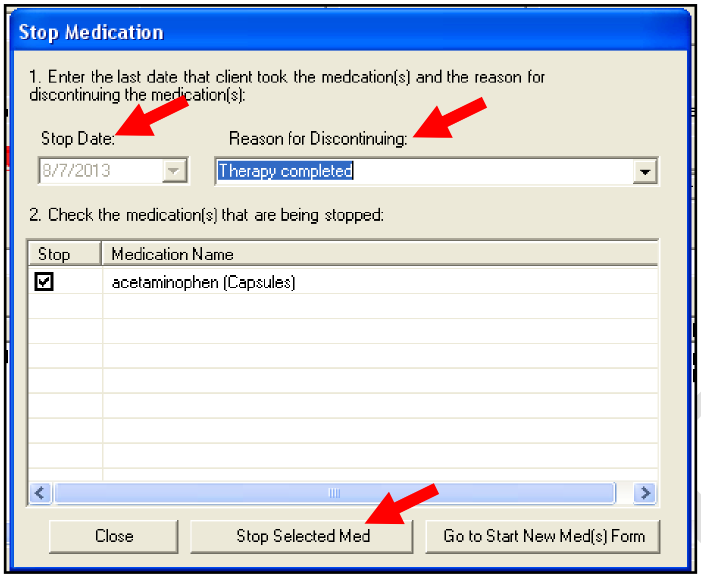
2. Click on **Stop**.



3. The **Stop Medication** screen will appear. Place a checkmark in the box next to the medication you wish to stop.

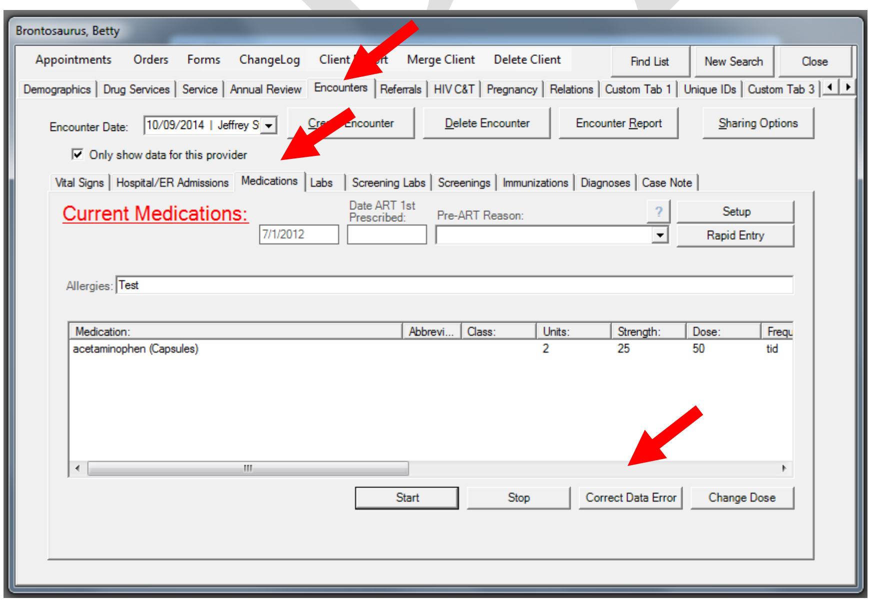


4. Select the **Stop Date** and the **Reason for Discontinuing** from the drop-down menus, then press the **Stop Selected Med** button.

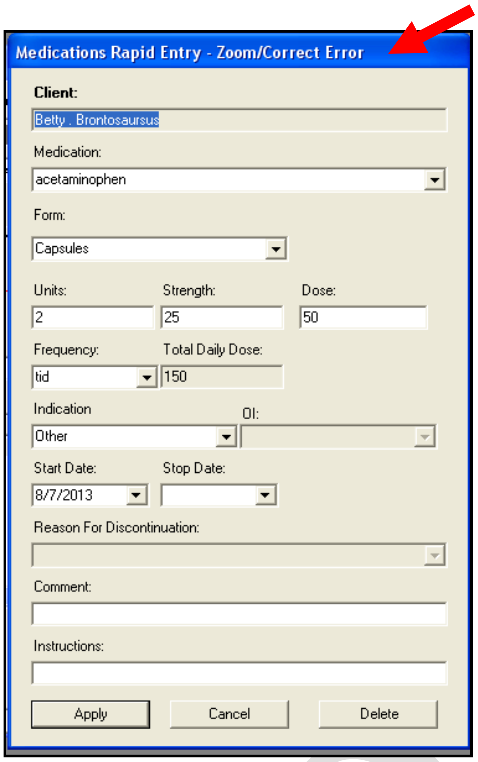


I. Correcting a Medication Data Error

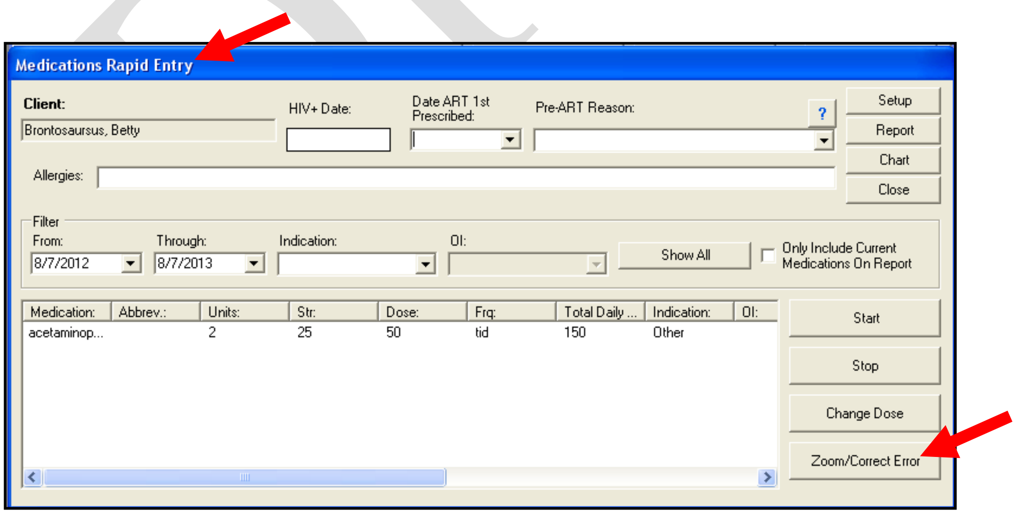
1. To correct a medication data entry error, return to the **Encounters** tab, **Medications** sub-tab. Select the medication you wish to correct and click the **Correct Data Error** button.



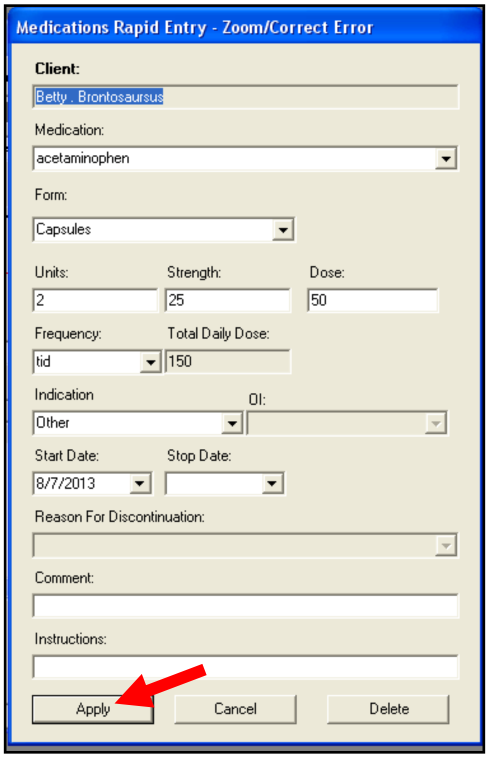
2. The **Medications Rapid Entry – Zoom/Correct Error** screen will appear. Changes can be made to any of the fields on this screen.



3. The **Medications Rapid Entry – Zoom/Correct Error** screen can also be accessed from the **Medications Rapid Entry** screen by clicking on the **Zoom/Correct Error** button.



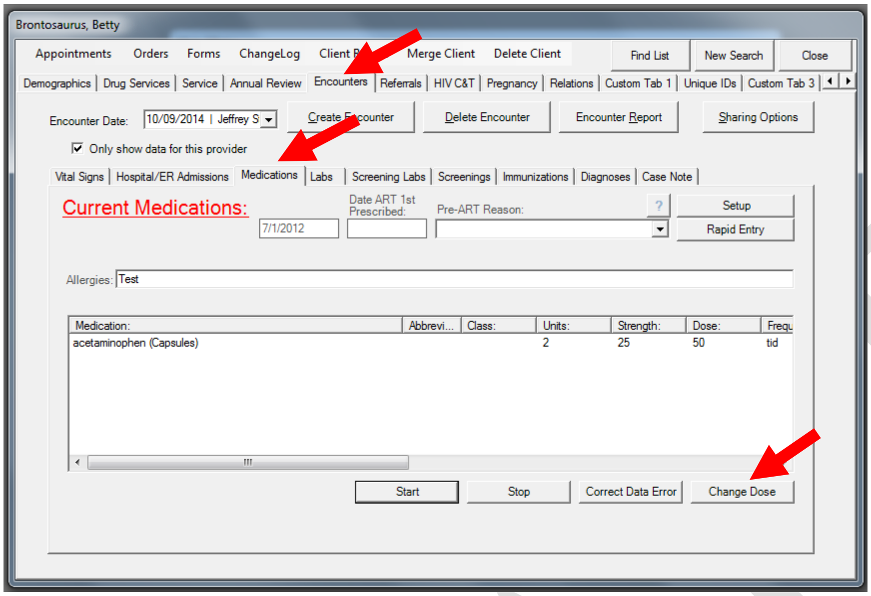
4. Click **Apply** to save changes.



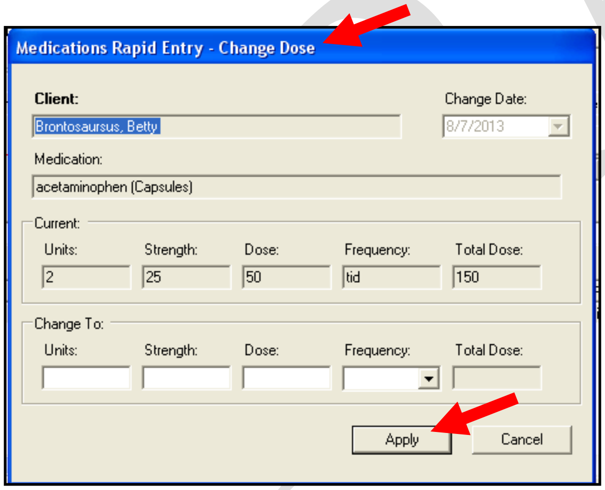
J. Change Dose

The **Change Dose** button allows you to change a medication's dose without having to stop the medication and restart it at a different dose. Information on the prior dose will be retained. The change date defaults to the date of the current encounter.

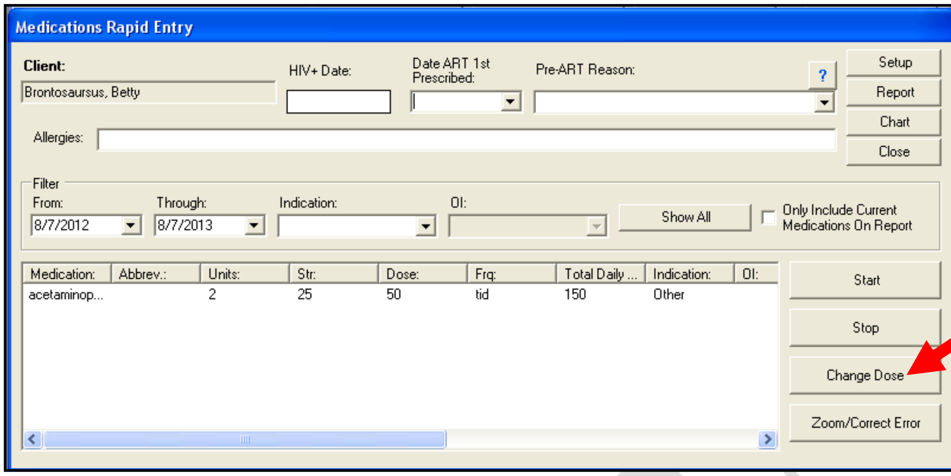
1. The **Change Dose** button is on the **Encounters** tab, **Medications** sub-tab. Select the medication for which you wish to change the dose and click on **Change Dose**.



2. The **Medications Rapid Entry - Change Dose** screen will appear. Changes can be made to any of the fields on this screen. Click **Apply** to save changes.

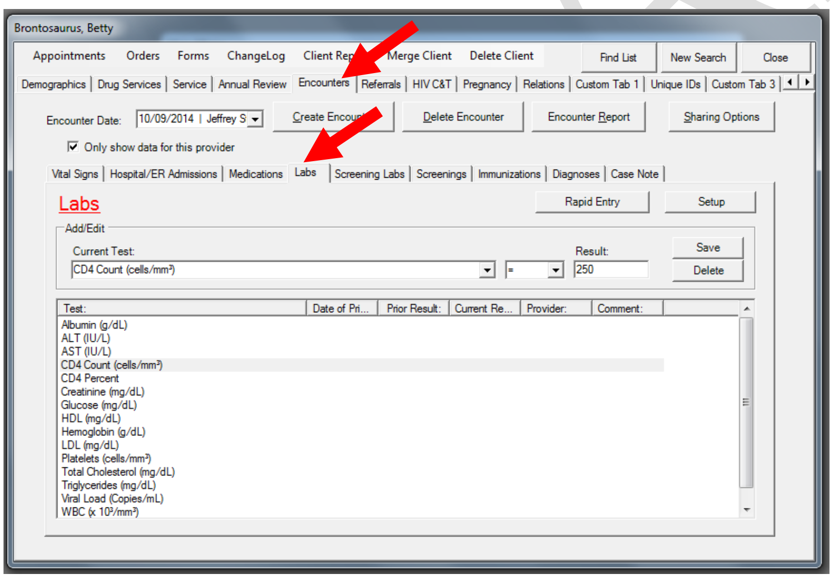


3. The **Medications Rapid Entry – Change Dose** screen can also be accessed from the **Medications Rapid Entry** screen by clicking on the **Change Dose** button.

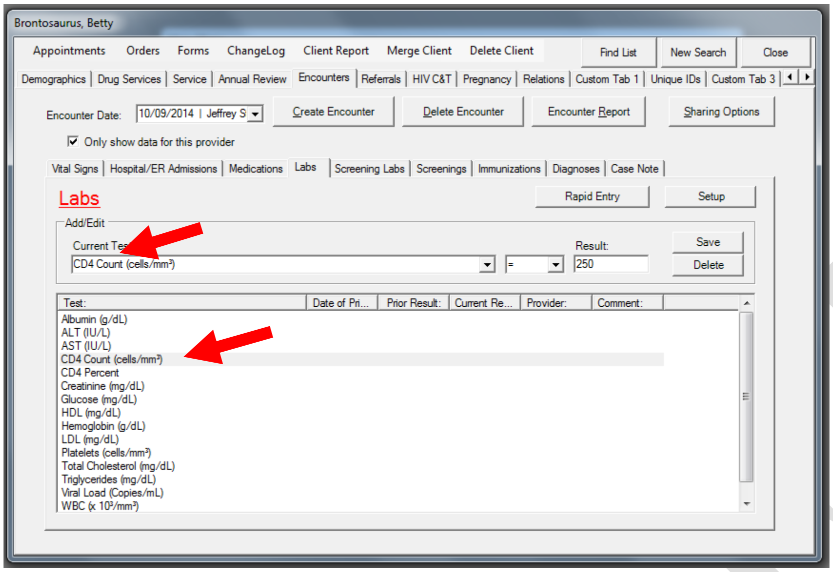


K. Entering Laboratory Results

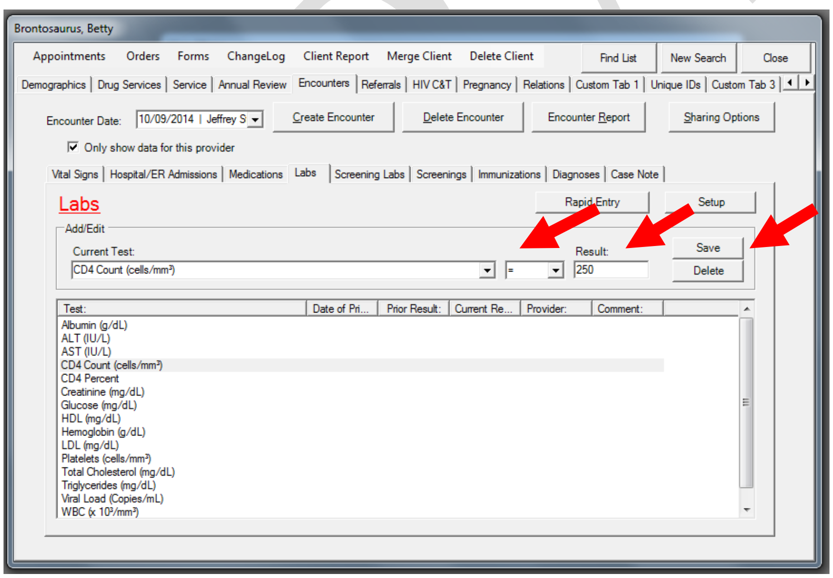
1. To enter a lab, go to the **Encounters** tab, **Labs** sub-tab.



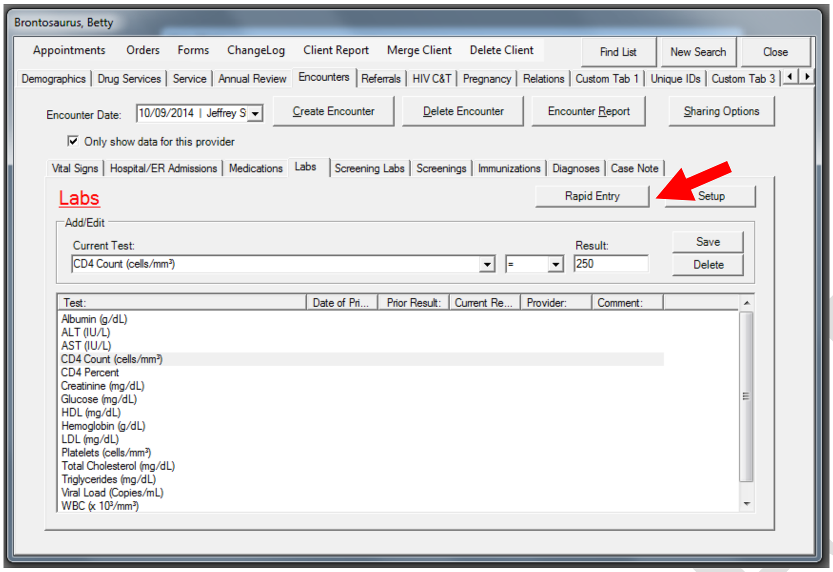
2. Type the first few letters of the name of the test in the **Current Test** drop-down menu or select a lab from the **Test** menu.



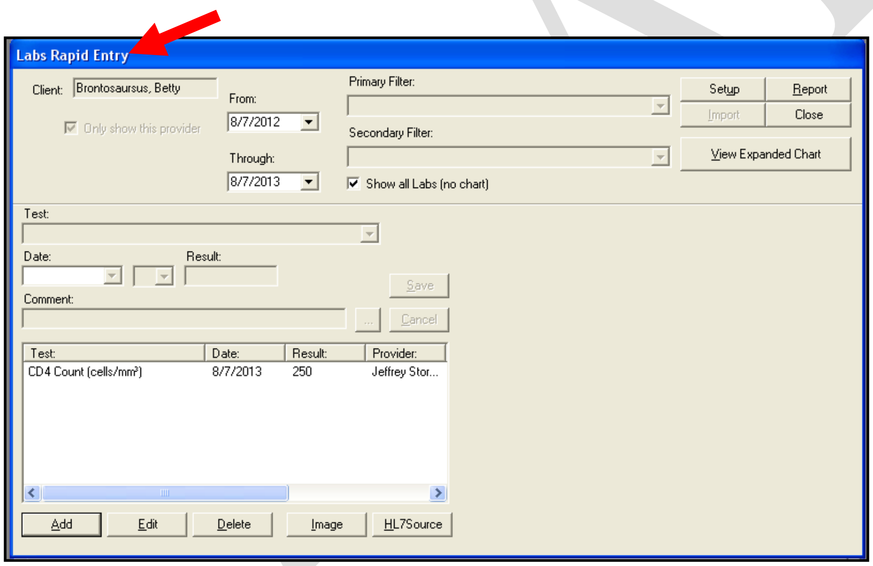
Enter the value in the **Results** field. <u>**NOTE**</u>**:** The drop-down menu to the left of the **Results** field allows for values of **=** (equal to), **<** (less than), **>** (greater than), **>=** (greater than or equal to) or **<=** (less than or equal to). **Save** your entries.



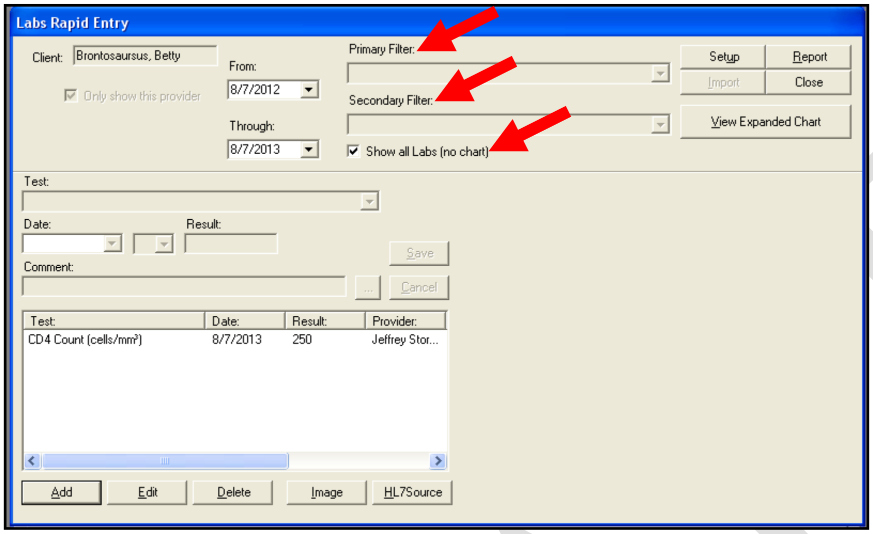
4. To use the rapid entry feature, click on the **Rapid Entry** button.



5. The **Labs Rapid Entry** screen will appear.



6. **Show all Labs (no chart)** is selected by default. You can apply **Primary** and **Secondary Filters** (for instance, CD4 and viral load) to view only one or two labs, view charts and run reports by selecting the filter(s) and un-checking **Show all Labs (no chart)**.

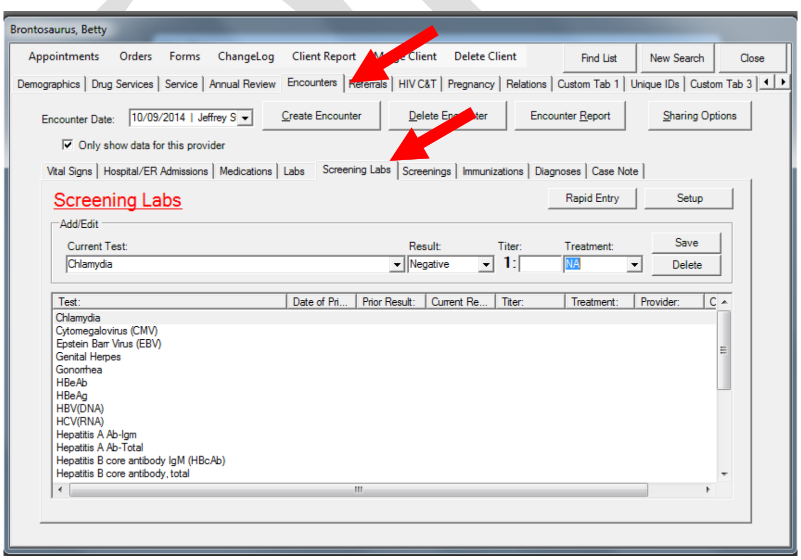


L. Screening Labs

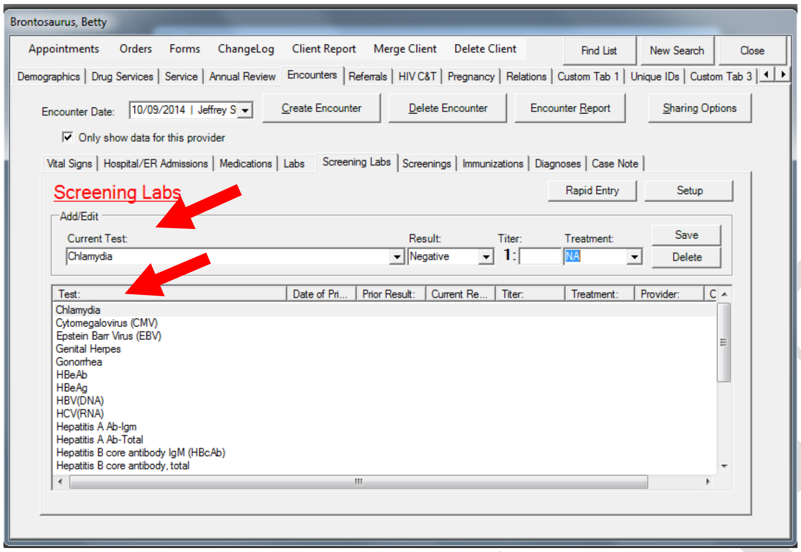
Screening labs allow you to track tests that have a qualitative result as positive, negative or presumptive. For some tests, such as a syphilis RPR, you can also record the titer.

Entering Screening Labs

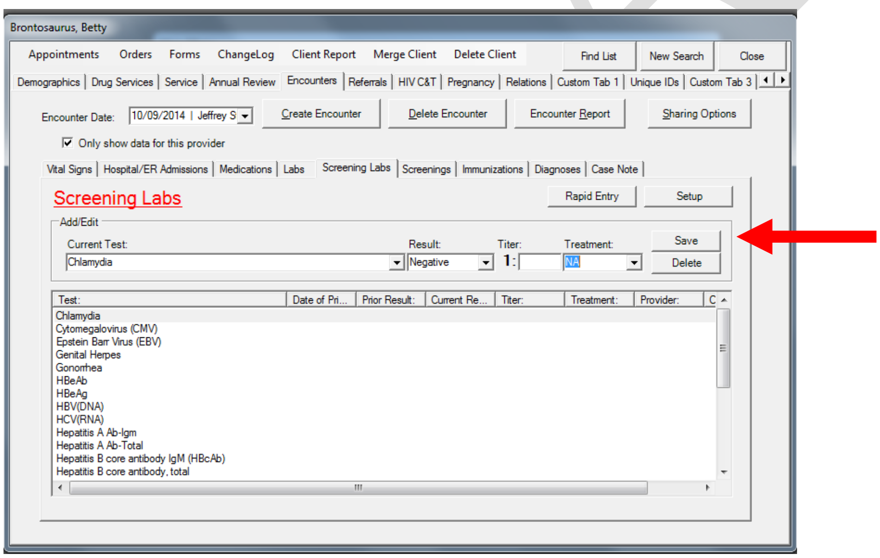
1. To enter a screening lab, go to the **Encounters** tab, **Screening Labs** sub-tab.



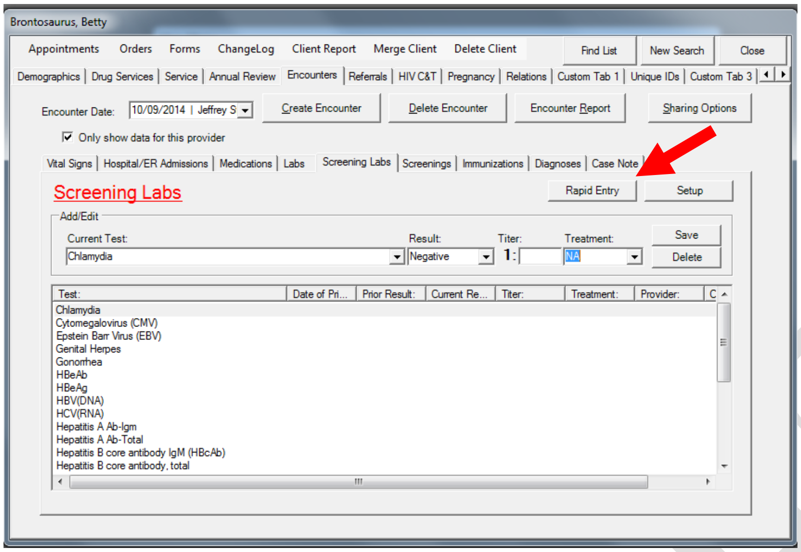
2. Select the screening lab you wish to enter by either typing the first few letters of the test name in the **Current Test** drop-down menu or by selecting the test from the list in the **Test** menu.



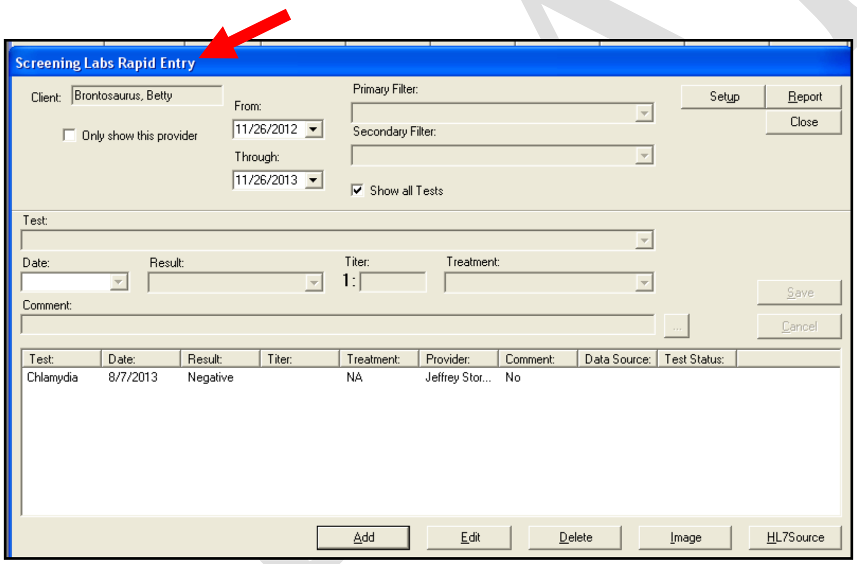
3. Enter relevant data for the test in the **Result**, **Titer** and **Treatment** fields. **Save** entries.



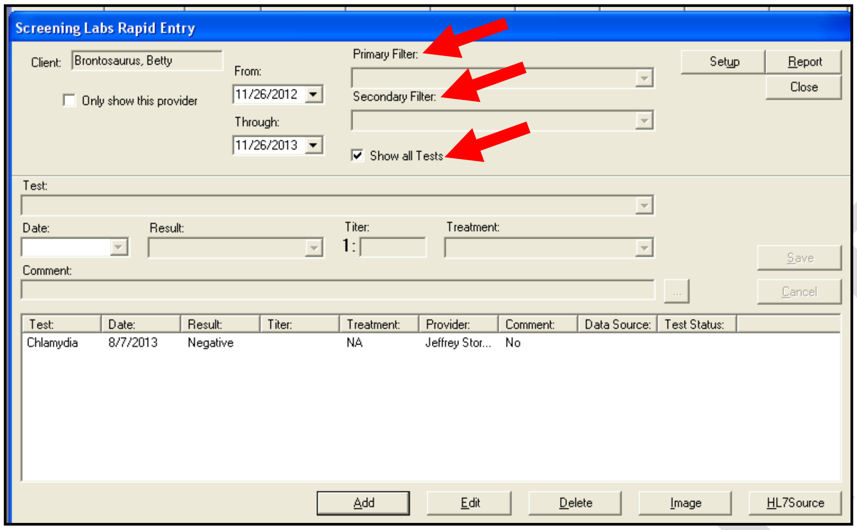
4. To use the rapid entry feature, click on the **Rapid Entry** button.



5. The **Screening Labs Rapid Entry** screen will appear.



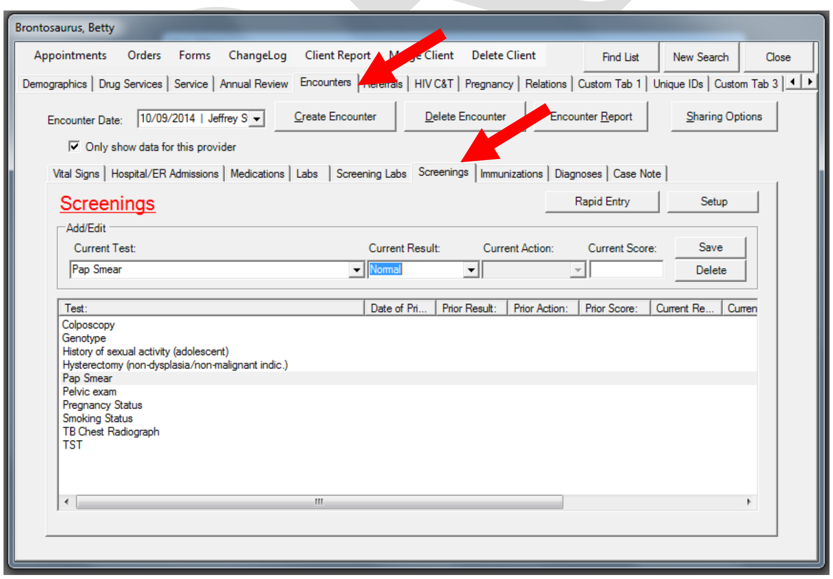
6. **Show all Tests** is selected by default. You can apply **Primary** and **Secondary Filters** to view only one or two screening labs and run reports by selecting the filter(s) and un-checking **Show all Tests**.



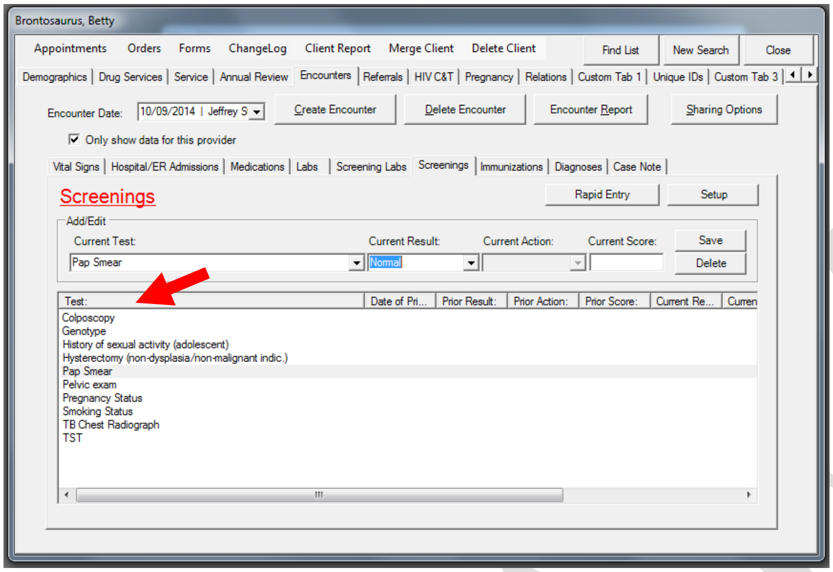
Entering Annual Screenings

Screenings are tests typically performed annually, such as a Pap smear or a TB skin test (PPD). **NOTE:** Pap smear and pelvic exam options will not appear for male clients.

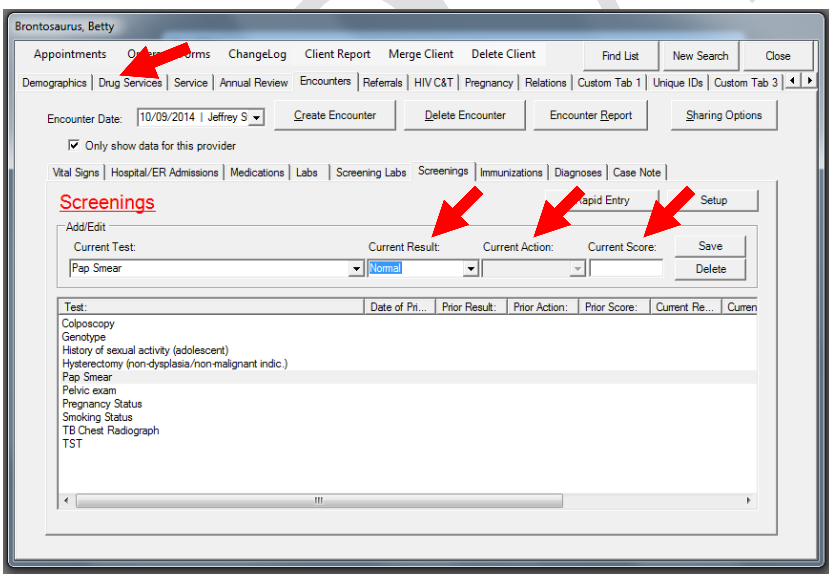
1. To enter a screening lab, go to the **Encounters** tab, **Screenings** sub-tab.



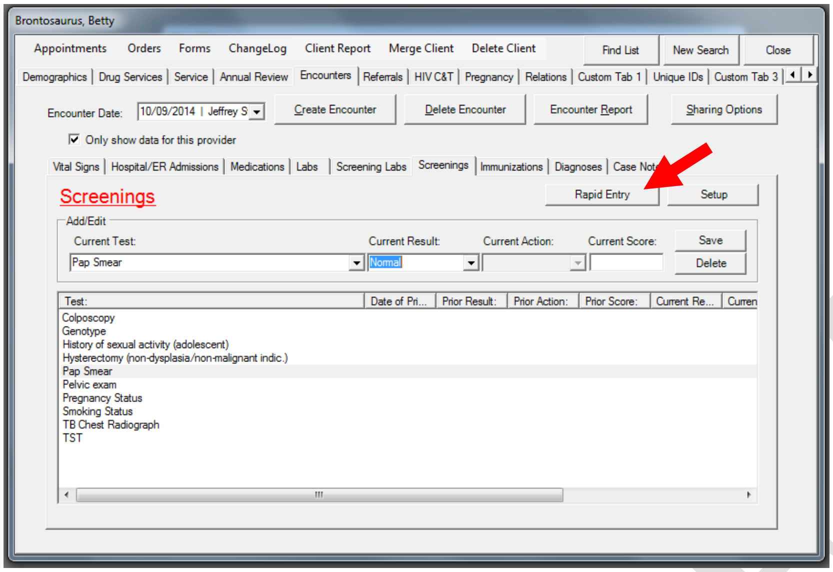
2. Select the screening you wish to enter by either typing the first few letters of the test name in the **Current Test** drop-down menu or by selecting the test from the list in the **Test** menu.



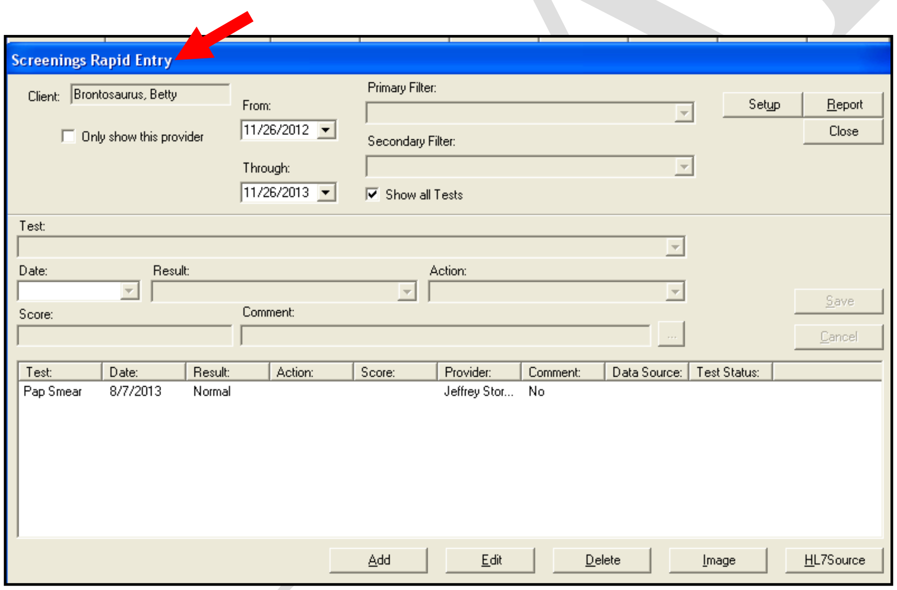
3. Enter relevant data for the test in the **Current Result**, **Current Action** and **Current Score** fields. **Save** your entries.



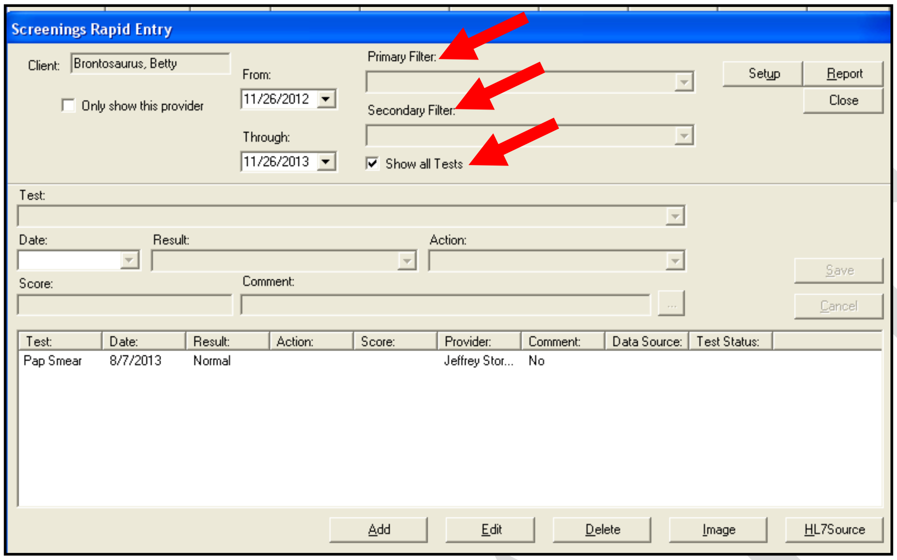
4. To use the rapid entry feature, click on the **Rapid Entry** button.



5. The **Screenings Rapid Entry** screen will appear.

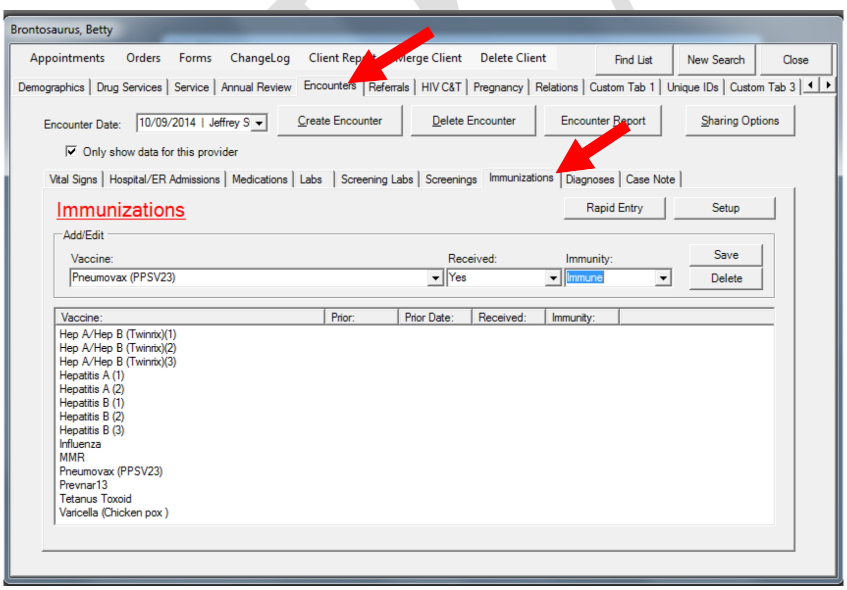


6. **Show all Tests** is selected by default. You can apply **Primary** and **Secondary Filters** to view only one or two screenings and run reports by selecting the filter(s) and un-checking **Show all Tests**.

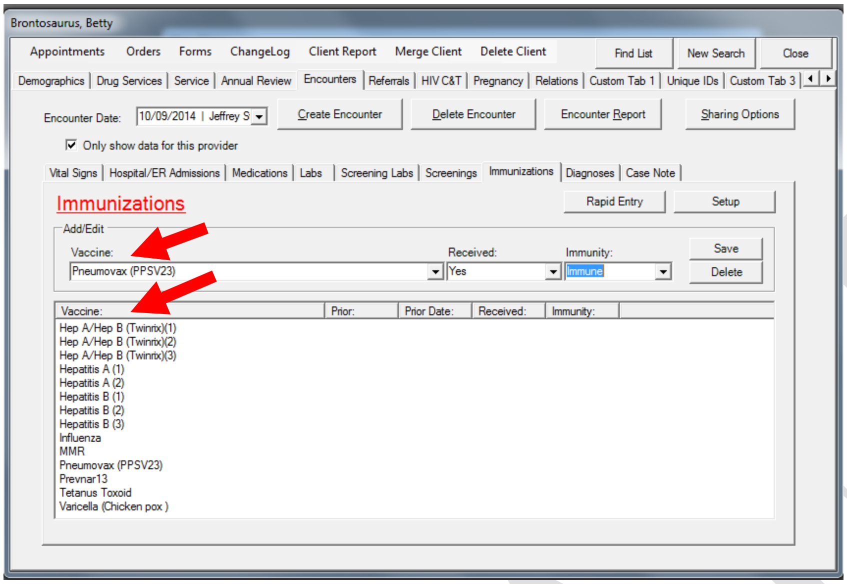


M. Entering Immunizations

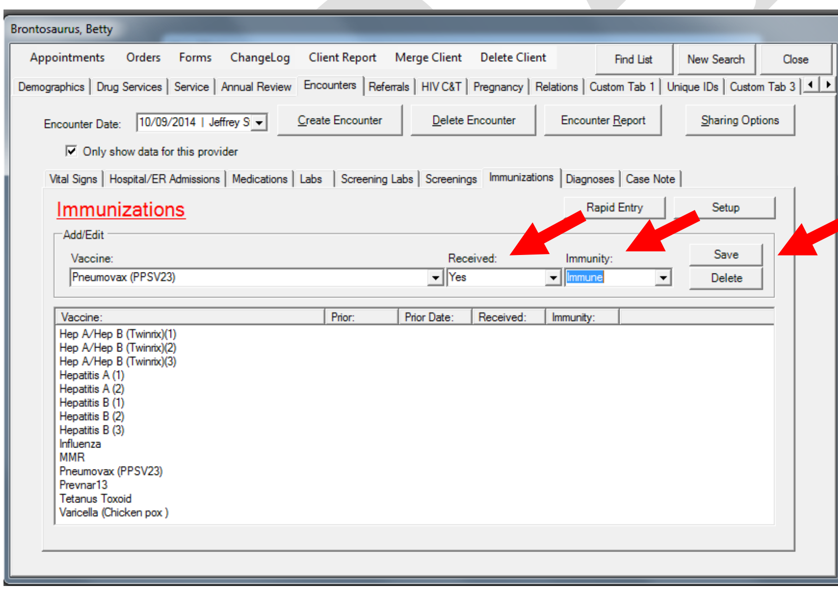
1. To enter an immunization, go to the **Encounters** tab, **Immunizations** sub-tab.



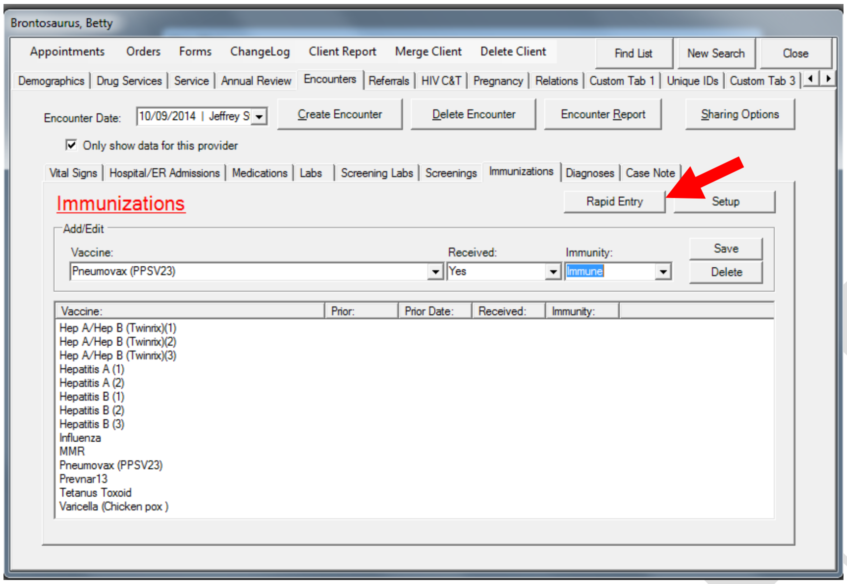
2. Select the immunization you wish to enter by either typing the first few letters of the vaccine name in the **Vaccine** drop-down menu or by selecting the test from the list in the **Vaccine** menu.



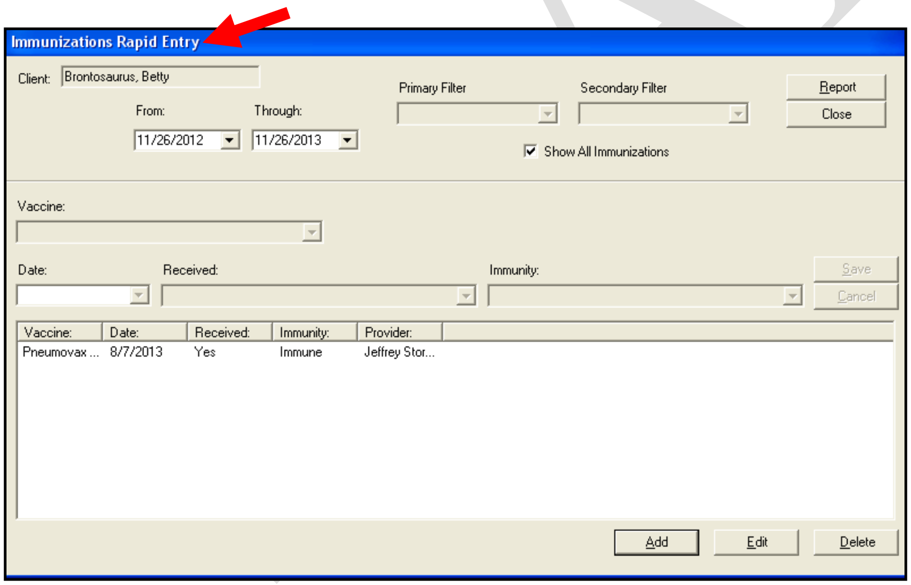
3. Select the appropriate value from **Received** and **Immunity** menus. **Save** your entries.



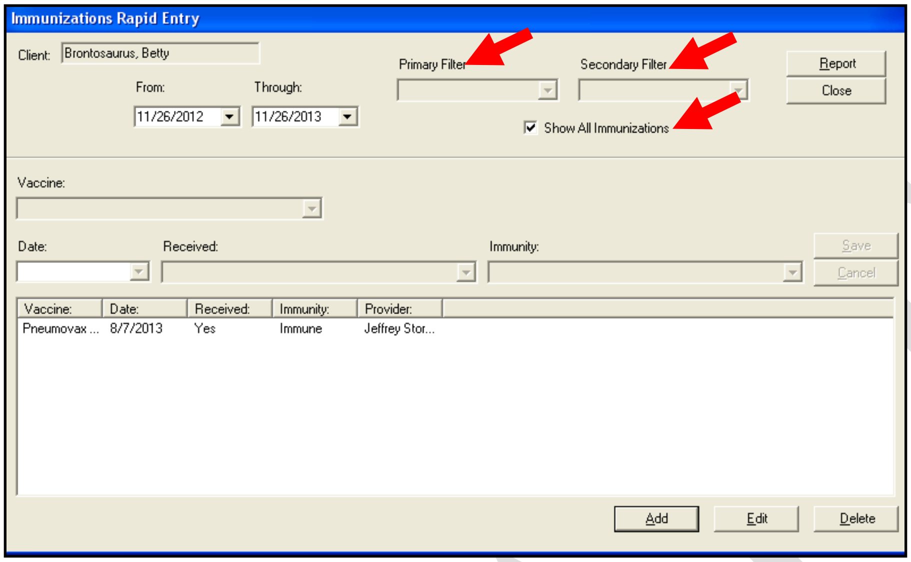
4. To use the rapid entry feature, click on the **Rapid Entry** button.



5. The **Immunizations Rapid Entry** screen will appear.

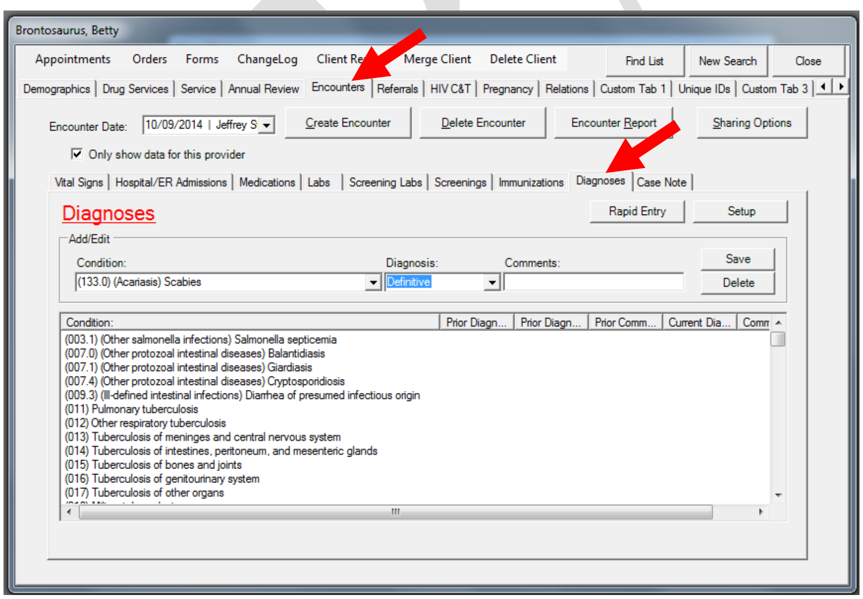


6. **Show all Immunizations** is selected by default. You can apply **Primary** and **Secondary Filters** to view only one or two immunizations and reports by selecting the filter(s) and un-checking **Show all Immunizations**.

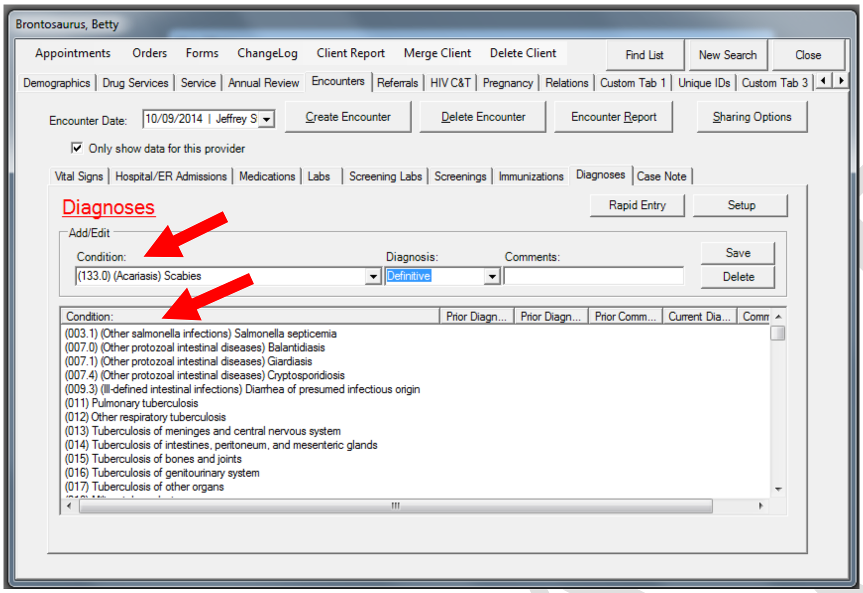


N. Entering Diagnoses

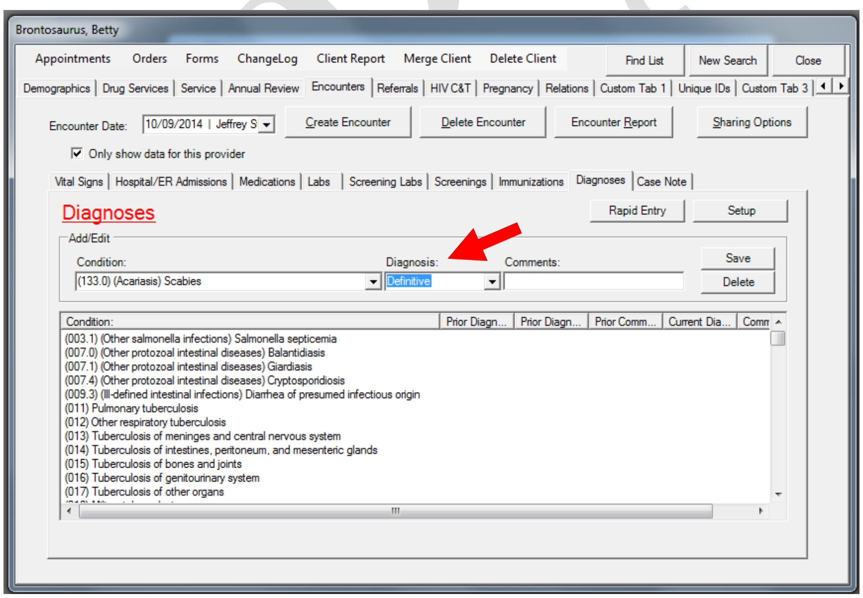
1. To enter a diagnosis, go to the **Encounters** tab, **Diagnoses** sub-tab.



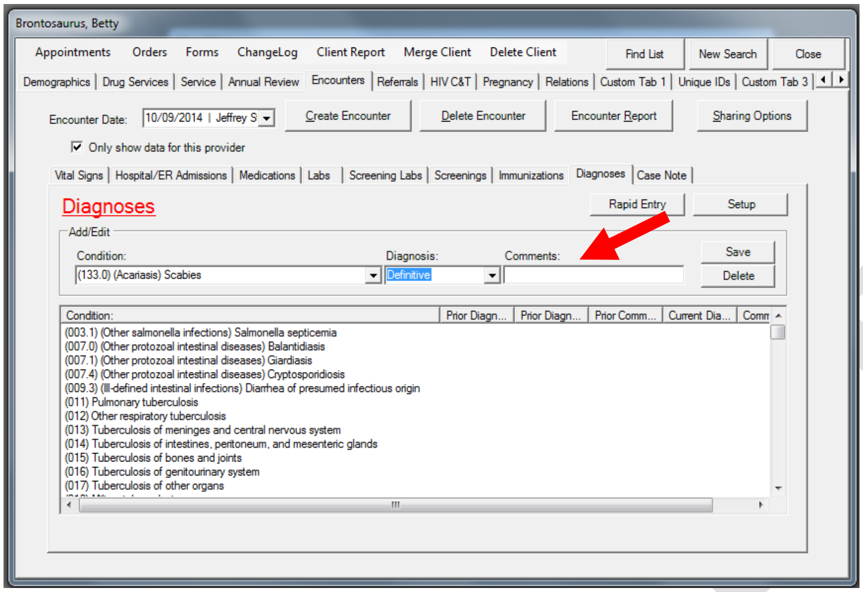
2. Select the diagnosis you wish to enter by either typing an open parenthesis “(“ and the first few numbers of the ICD-10 code in the **Condition** drop-down menu or by selecting the diagnosis from the list in the **Condition** scroll-down menu. ICD-10 codes are used to report medical diagnoses and inpatient procedures



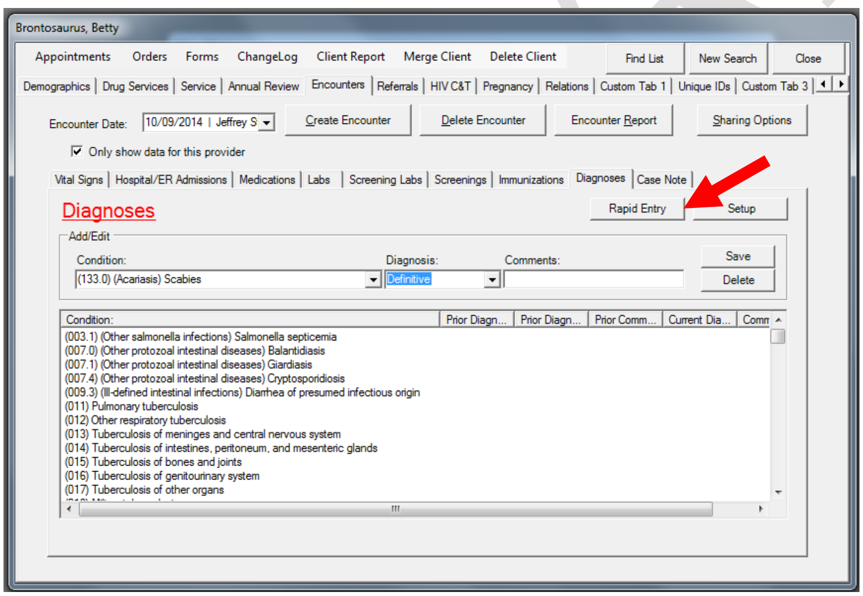
3. From the **Diagnosis** drop-down menu, select whether the condition is **Definitive**, **Presumptive** or **Unknown**.



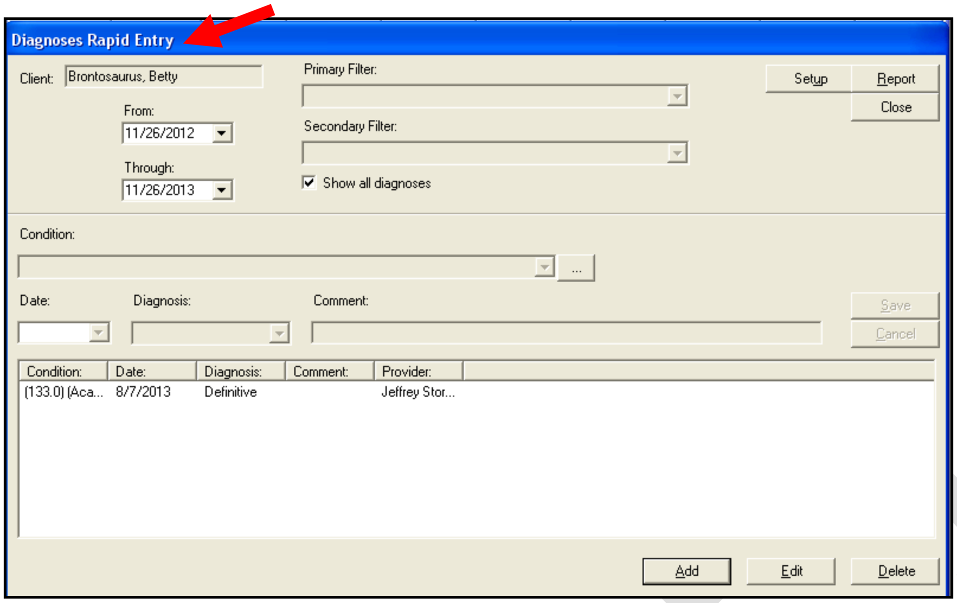
4. Enter any **Comments**. **Save** your entries.



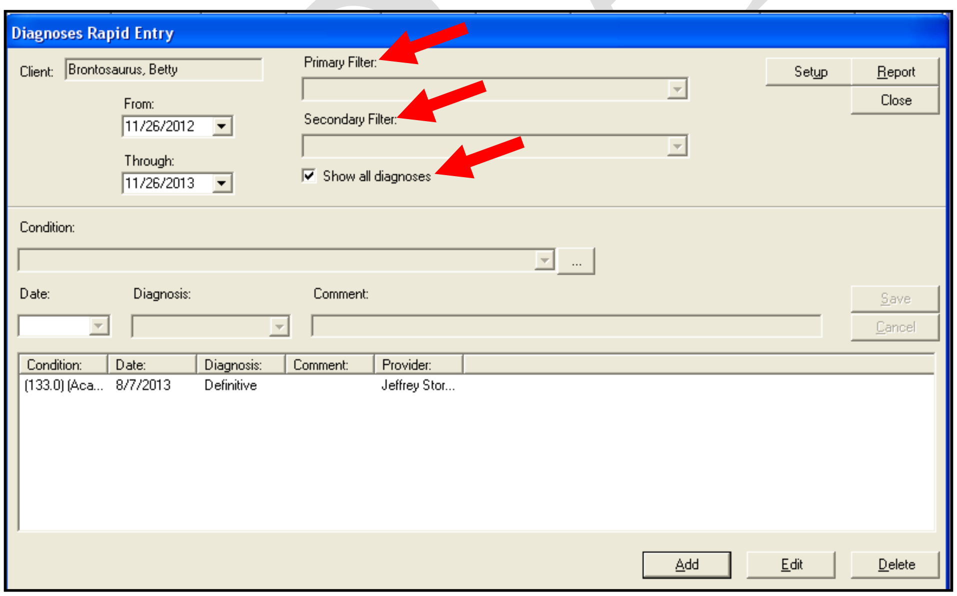
5. To use the rapid entry feature, click on the **Rapid Entry** button.



6. The **Diagnoses Rapid Entry** screen will appear.

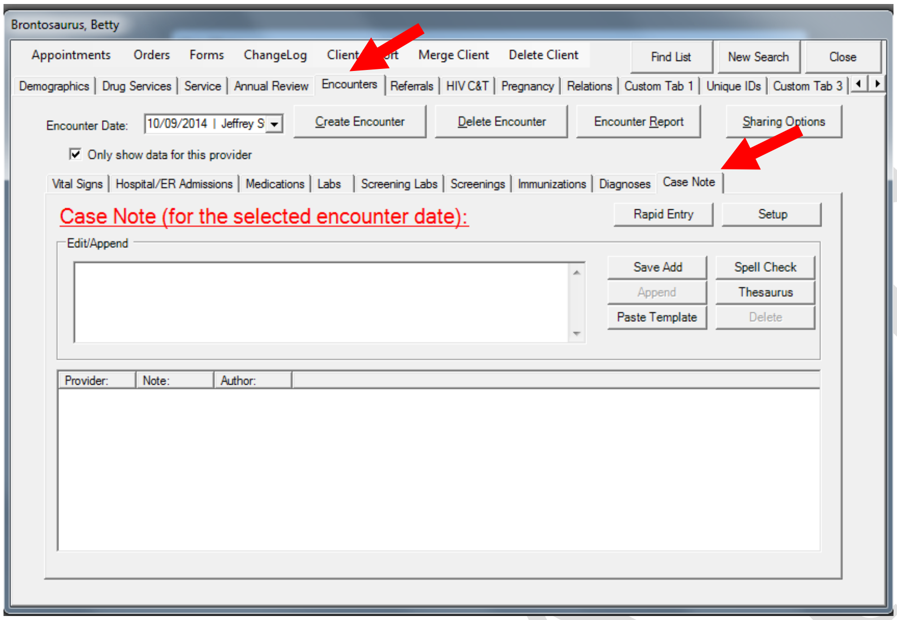


7. **Show all diagnoses** is selected by default. You can apply **Primary** and **Secondary Filters** to view only one or two diagnoses and run reports by selecting the filter(s) and un-checking **Show all diagnoses**.

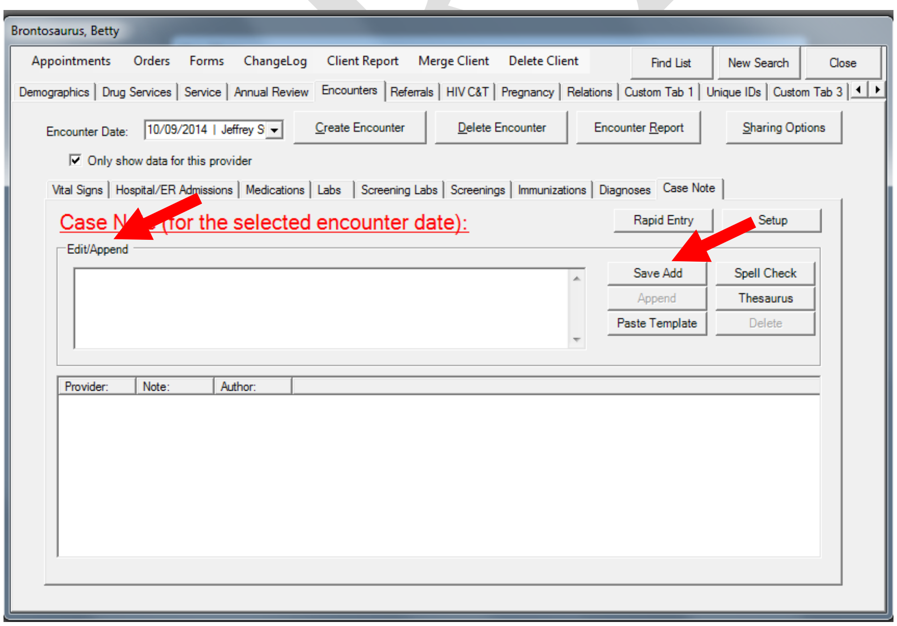


O. Entering Medical Case Notes

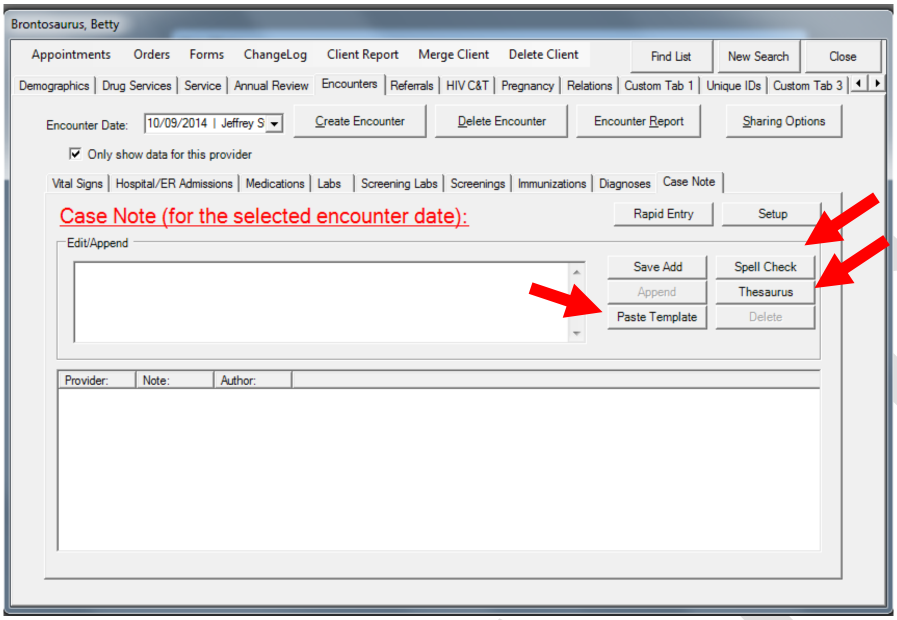
1. To enter a case notes, go to the **Encounters** tab, **Case Note** sub-tab.



2. Type case notes in the **Edit/Append** field and click the **Save Add** button when done. **NOTE:** If you are entering a long series of case notes at one sitting for one client, you may wish to save your changes after each paragraph.

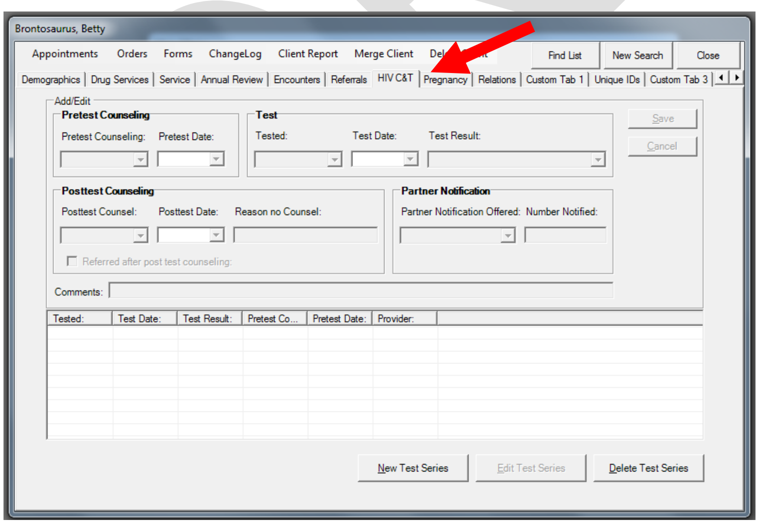


3. Note the **Spell Check**, **Thesaurus** and **Paste Template** features.



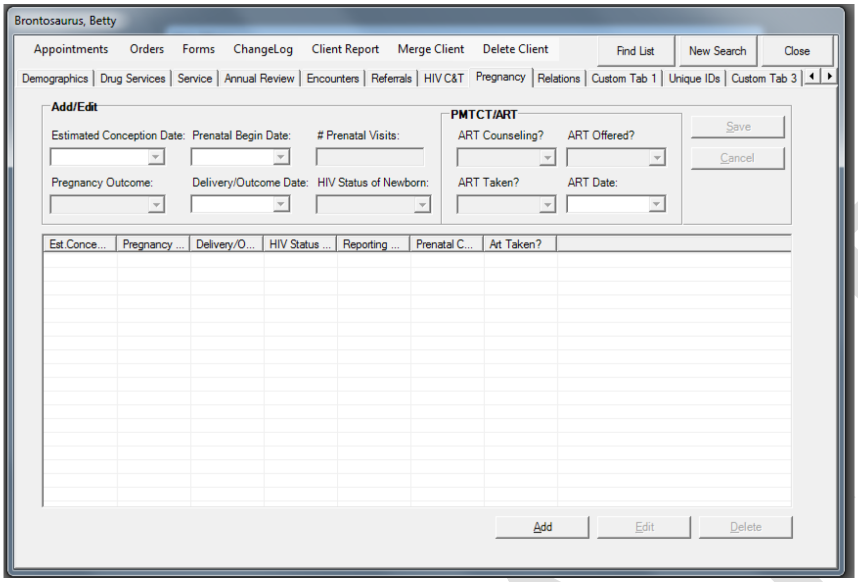
Part 12 – HIV Counseling & Testing

The **HIV C&T** (Counseling and Testing) tab can be used to track clients who enter care through an agency's counseling and testing program. The menu options are all yes/no, with the exception of test result.



Part 13 – Pregnancy

Input information tied to **Pregnancy** on this tab.

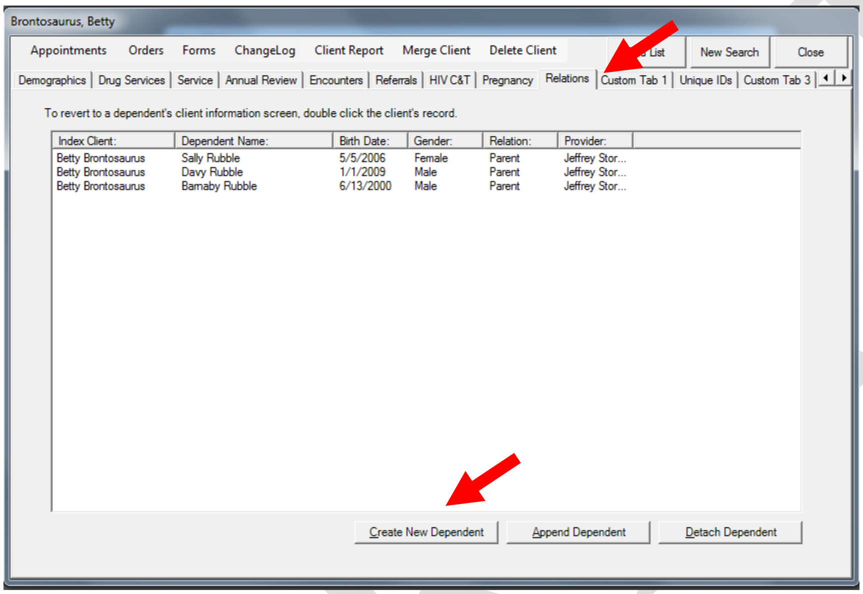


Part 14 – Relations

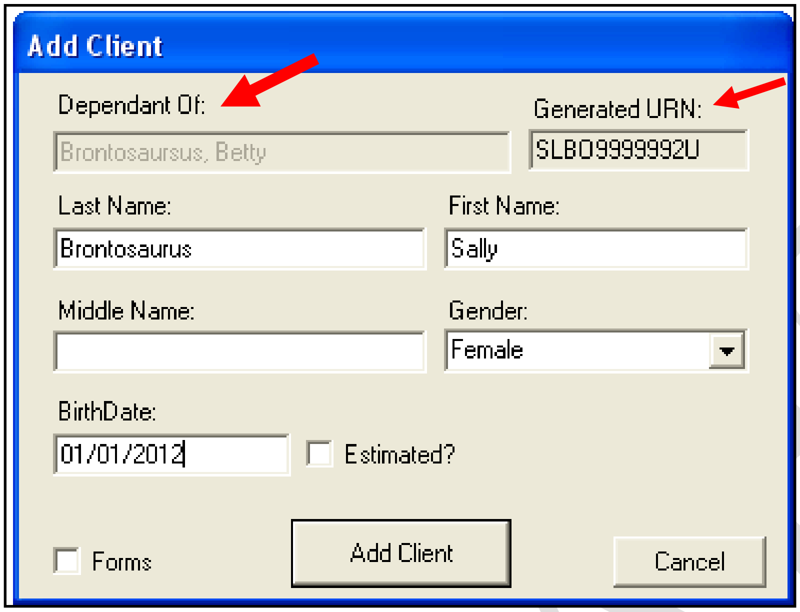
Entering Relations

The **Relations** tab allows you to enter HIV-negative/affected members of the index client's family into the database in order to provide them services. The process of entering the HIV-negative/affected family member as a new client is similar to entering an HIV-positive client.

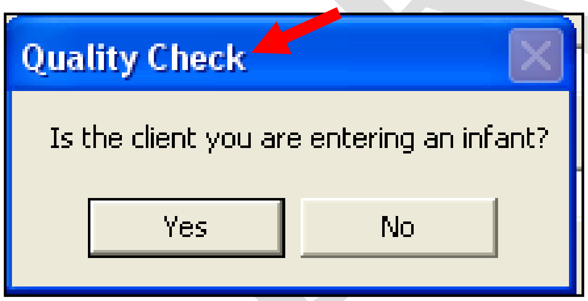
1. From the client's details screen, select the **Relations** tab and click the **Create a New Dependent** button.



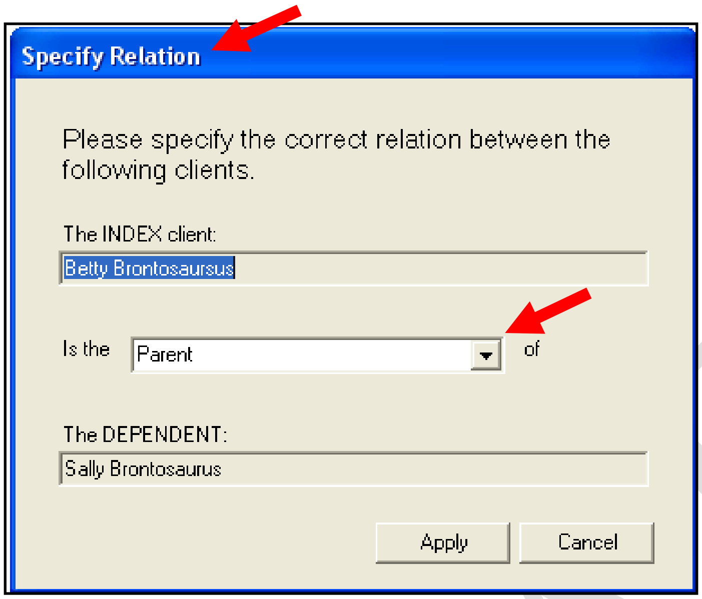
2. The **Add Client** screen will appear. The **Dependant Of** and **Generated URN** fields will self-populate with the index client's information. Complete the remaining fields for the client's dependant as you did for the client. Click **Add Client** when finished with the data entry.



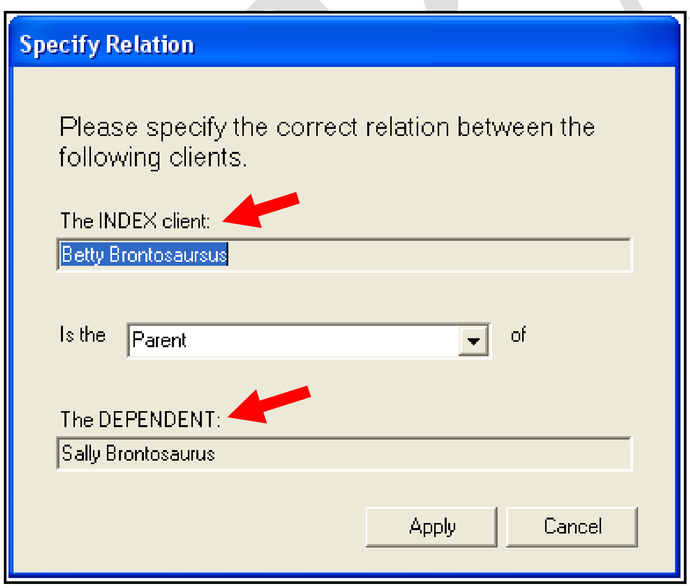
3. If the dependant is less than two years old, the **Quality Check** screen will appear when you click on **Add Client**. This is to ensure that you have correctly entered the date of birth.



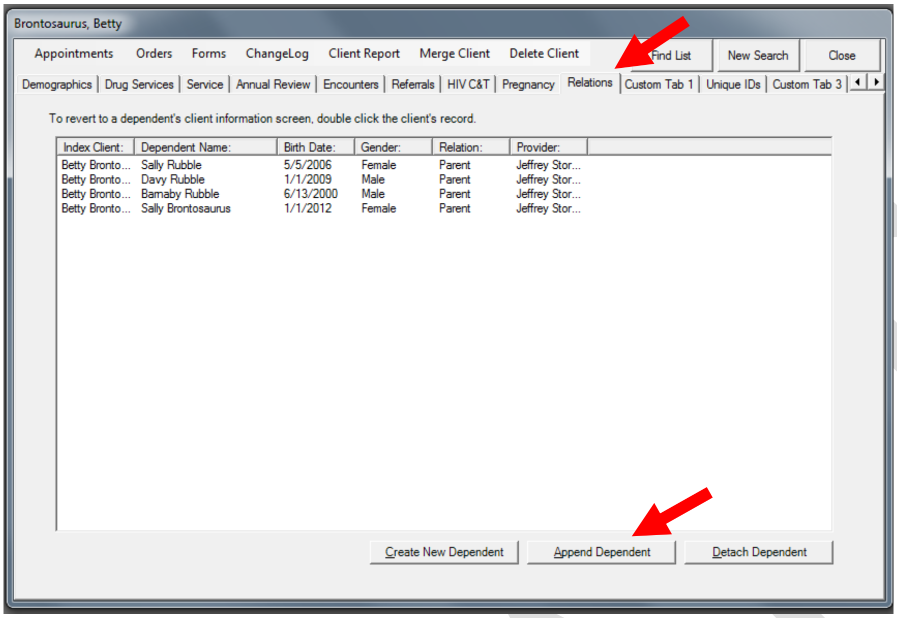
4. If the dependent is not younger than two or older than 70 years of age and you clicked on the **Add Client** button, the **Specify Relation** screen will appear. When establishing a relationship between the index client and a dependent, a full list of relations is available in the **Is the** drop-down menu.



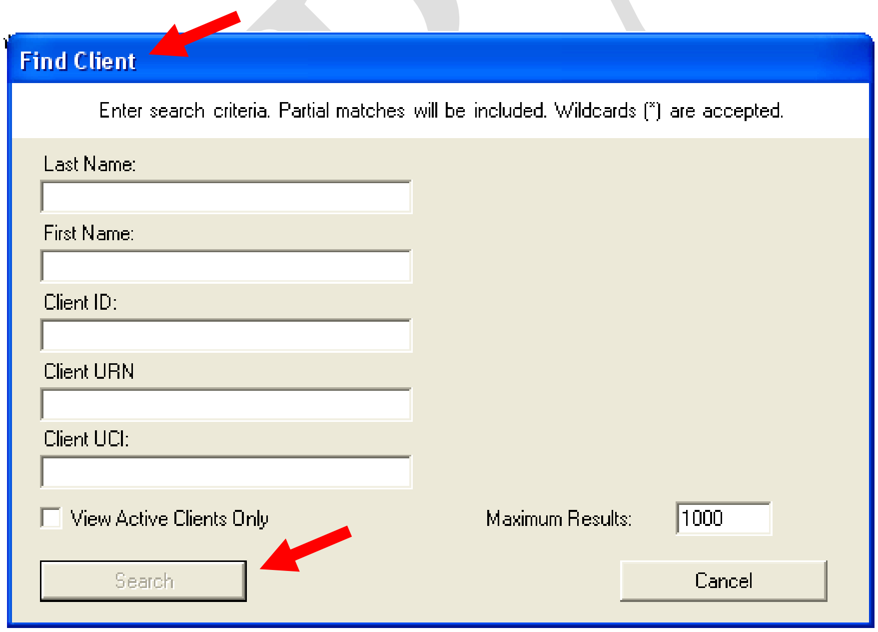
5. **The INDEX client** and the **The DEPENDANT** fields will self-populate with the names that were entered previously.



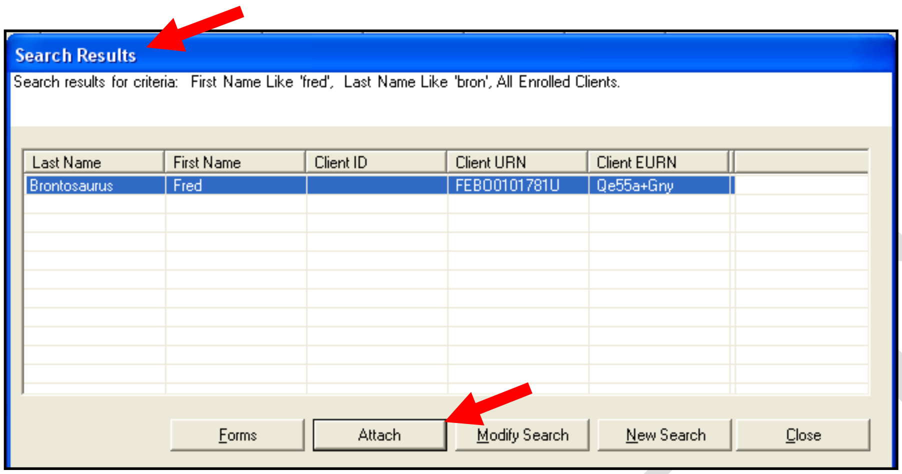
6. To identify a relationship with an existing client, select **Append Dependent** from the **Relations** tab.



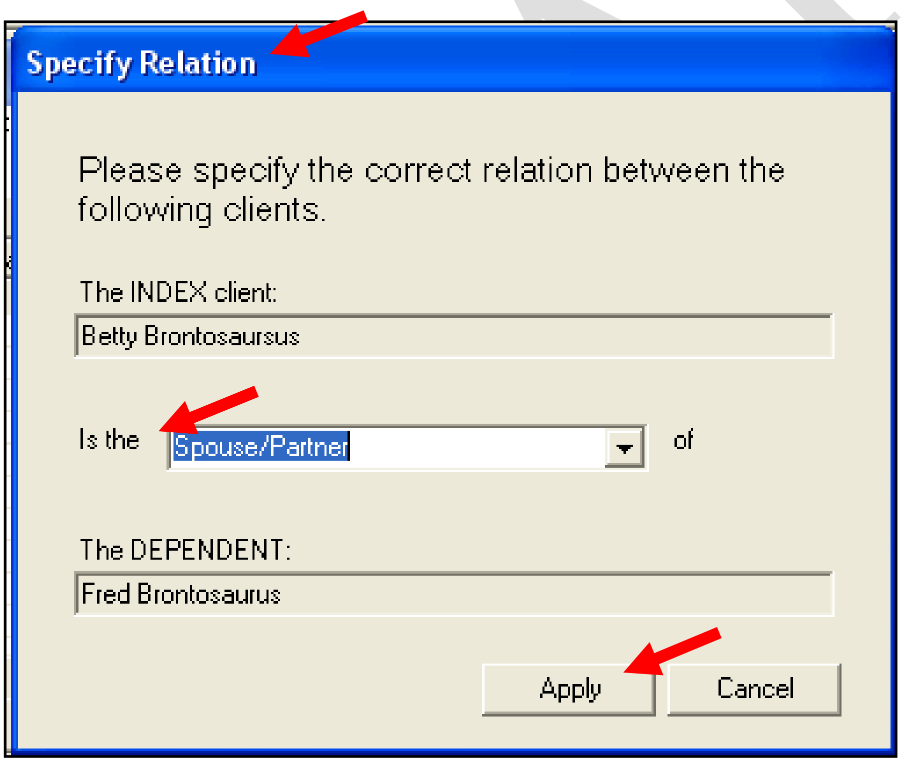
7. The **Find Client** screen will appear. This is the same screen that is used to find any client. Enter search text into any of the fields: **Last Name**, **First Name**, **Client ID**, **Client URN** or **Client UCI** and click on **Search**.



8. The **Search Results** screen is the same as any client search results. Select the client you wish to add as a relation and click on **Attach.**



9. The **Specify Relation** screen will appear. Select the proper relationship identifier in the **Is the** drop-down menu and click **Apply**.

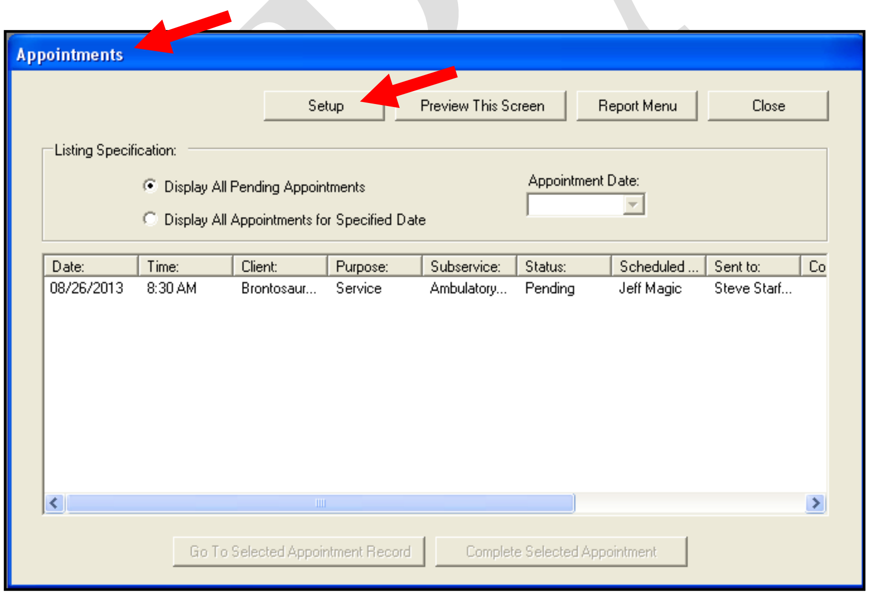


Part 15 – Scheduler

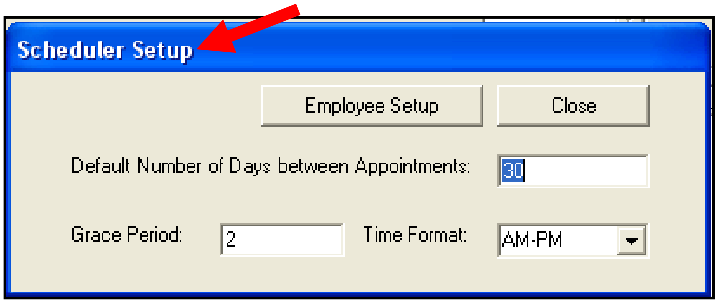
A. Scheduler

1. To use the Scheduler, click on the **Appointments** button from the **Main Menu**.

2. Select the **Setup** button in the **Appointments** screen.

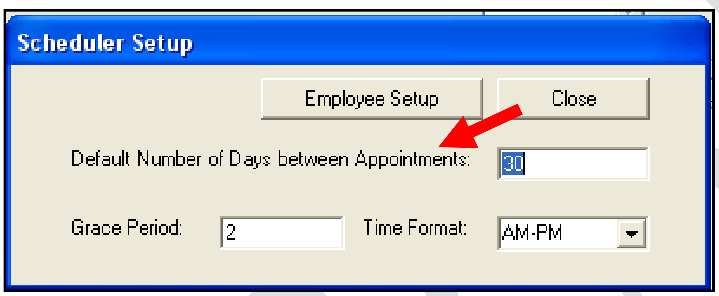


3. The **Scheduler Setup** screen will appear.

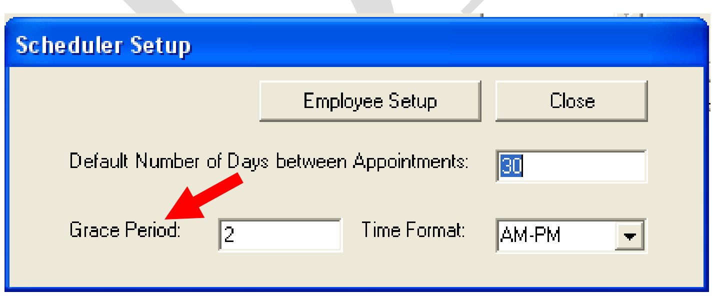


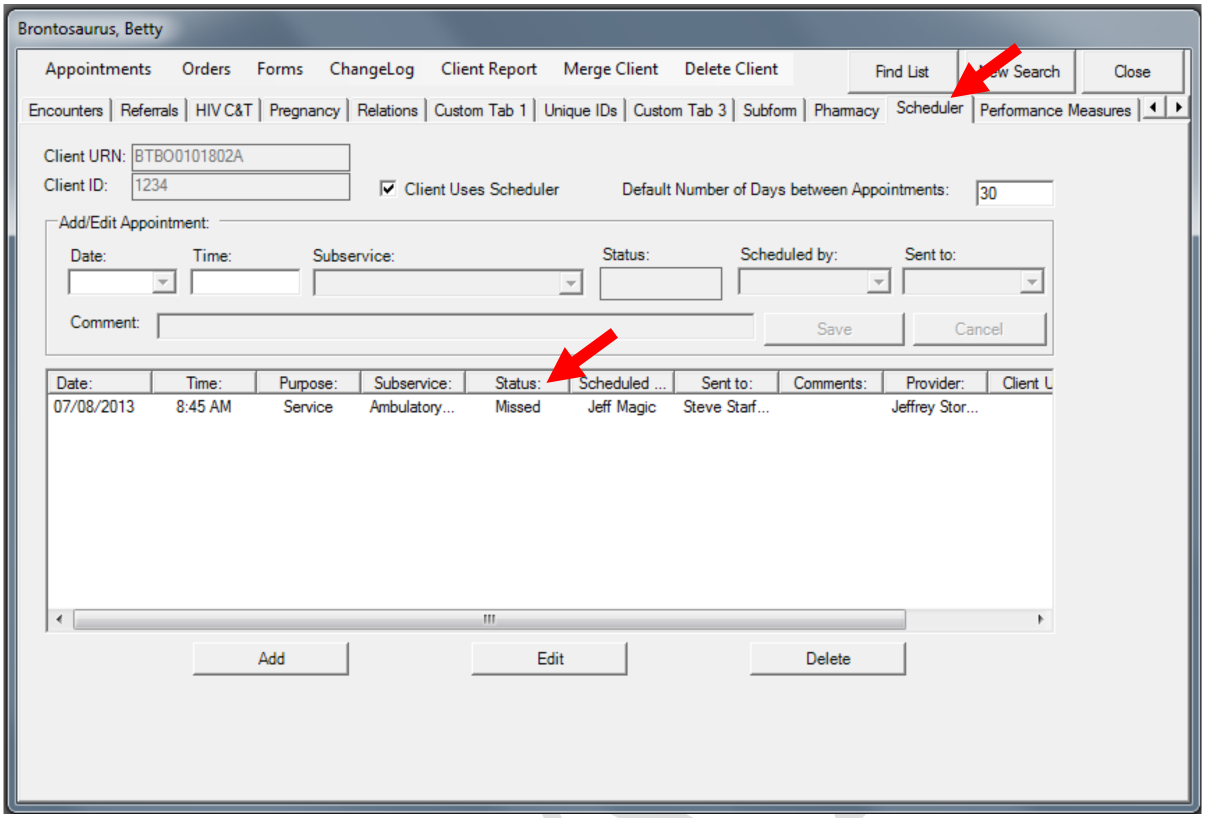
4. Complete the following fields:

   a. **Default Number of Days between Appointments**: CAREWare will automatically schedule another visit in the designated number of days.

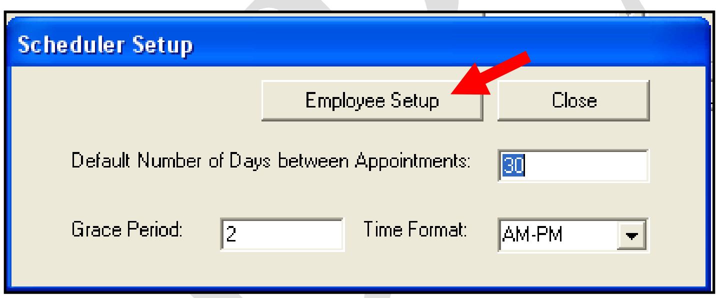


   b. **Grace Period**: This is the number of days after which, upon logging in, CAREWare will automatically set the visit status from **Pending** to **Missed** in the **Status** column on the **Scheduler** tab (see below).

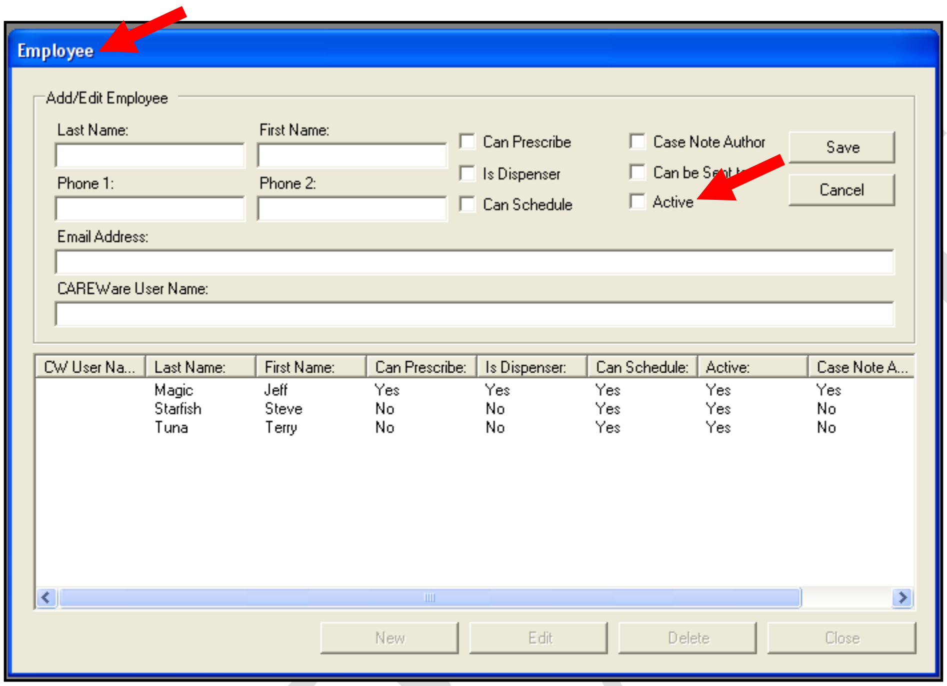




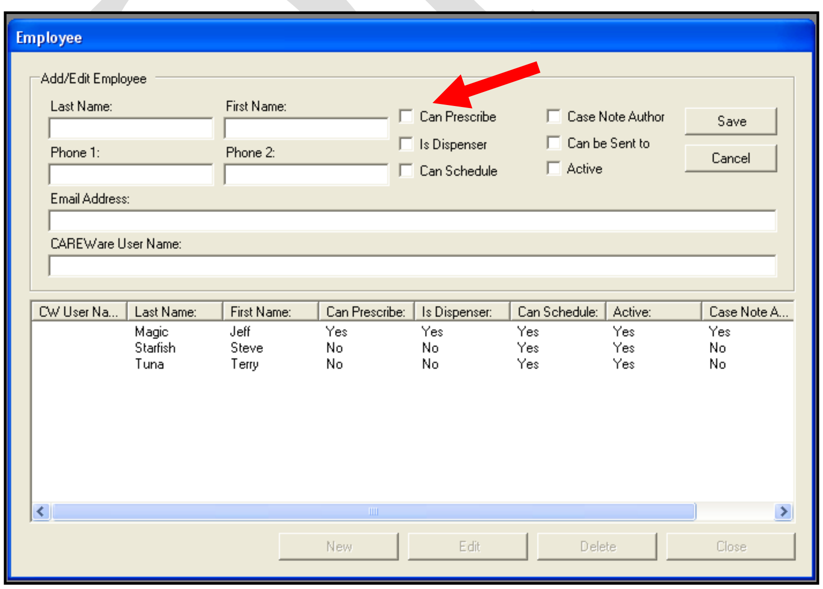
c. **Employee Setup**: Click on this button to access the **Employee** screen.

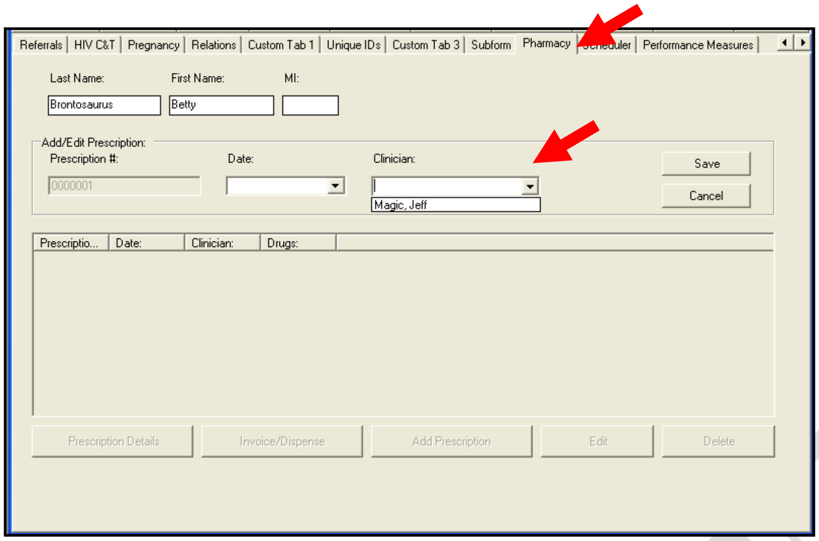


d. **Employee**: Add clinic employees to the list. Visits can be scheduled with individuals and reports generated to show which patients are scheduled to see each employee. The **Active** box must be checked for the employee to show up in the drop-down menus mentioned below. Once an employee has left the agency, do not delete the person from the **Employee** screen; simply uncheck the **Active** box. This way you will retain their historic data.

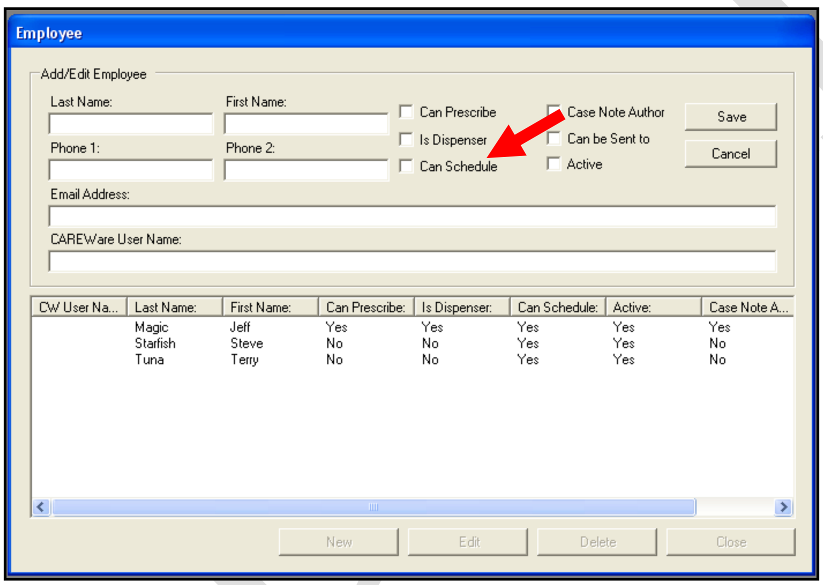


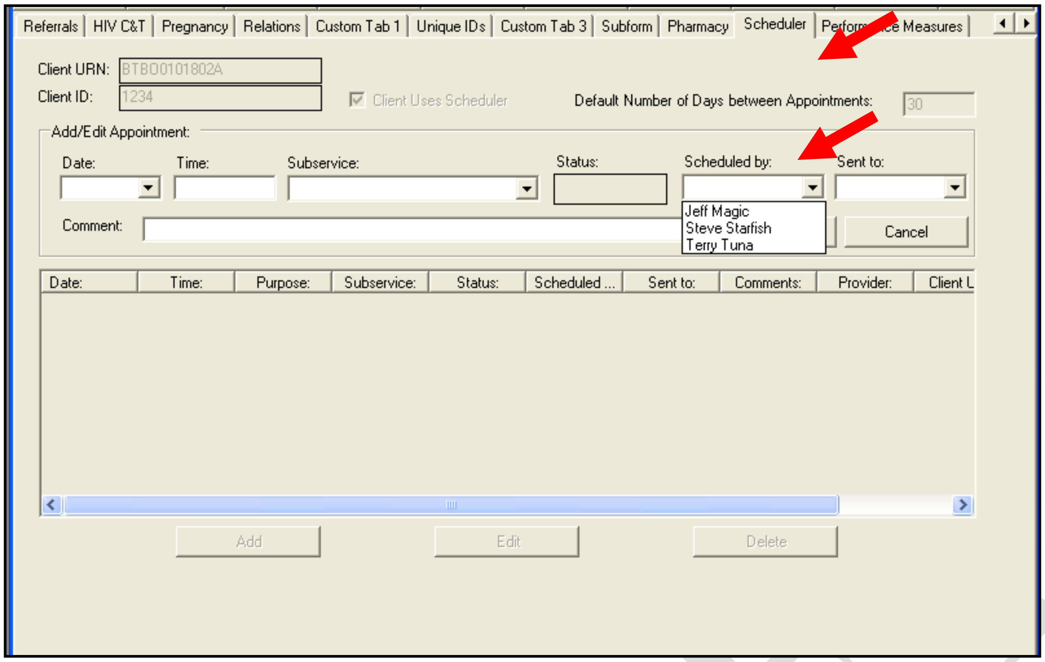
e. By checking **Can Prescribe**, the employee will show up on the **Pharmacy** tab under **Clinician** (see below).



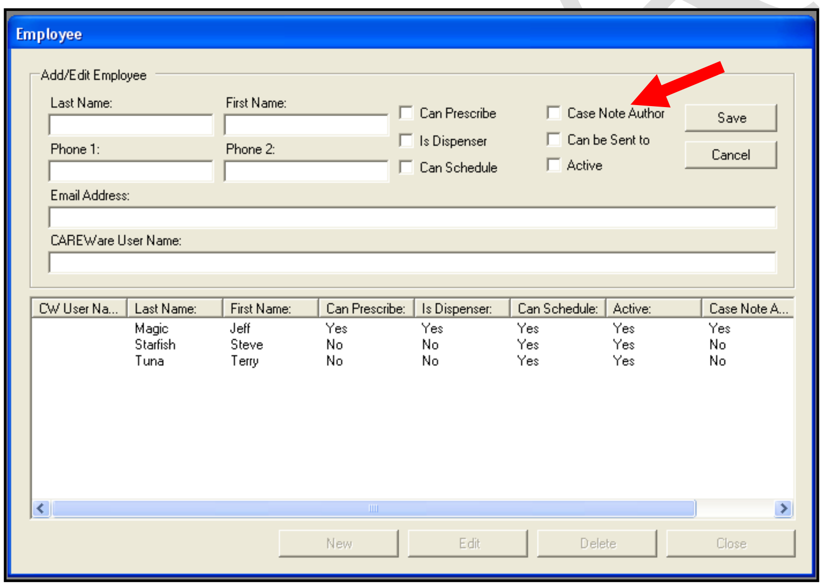


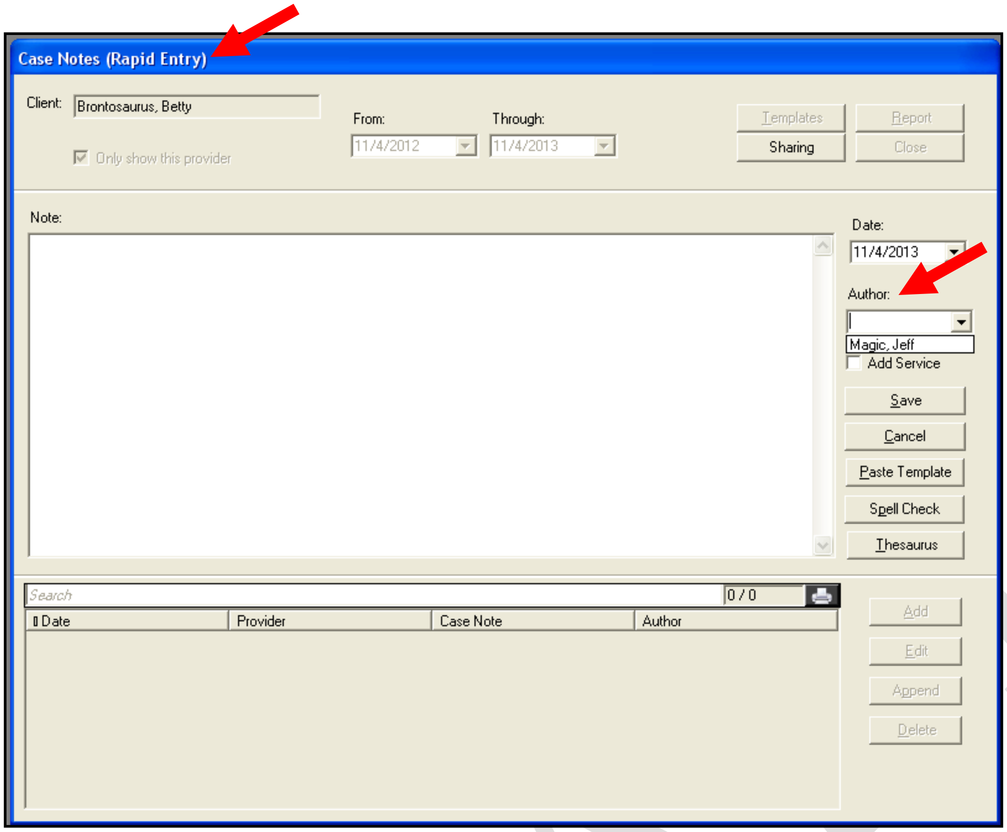
f. By checking **Can Schedule**, the employee will show up on the **Scheduler** tab under **Scheduled by** (see below).



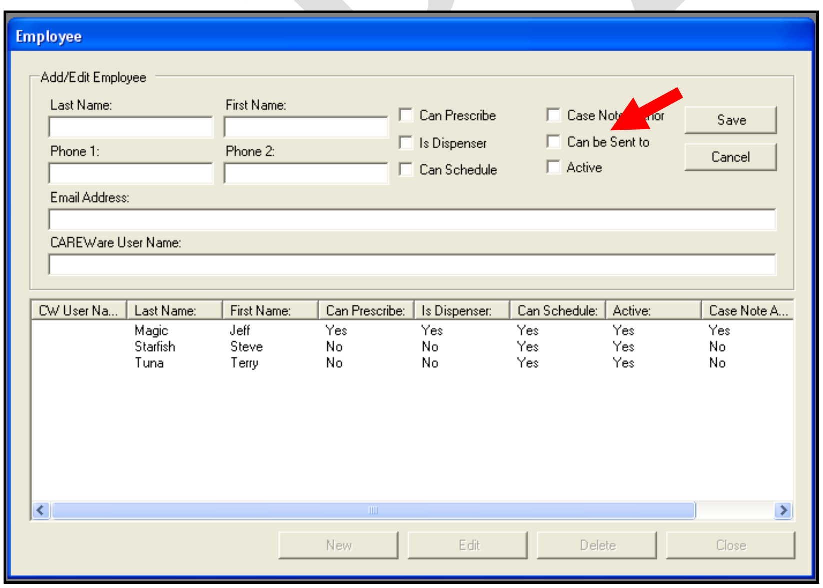


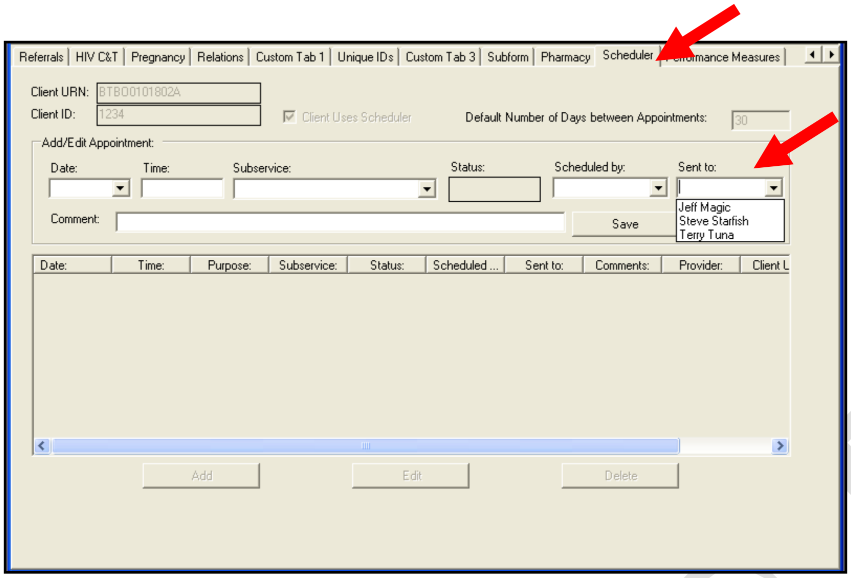
g. By checking **Case Note Author**, the employee will show up on the **Case Notes** screen under **Author** (see below).



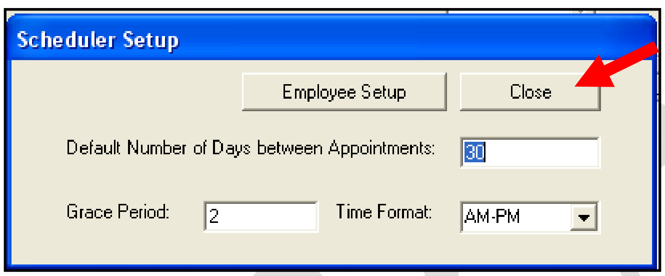


h. By checking **Can be Sent to**, the employee will show up on the **Scheduler** tab under **Sent to** (see below).

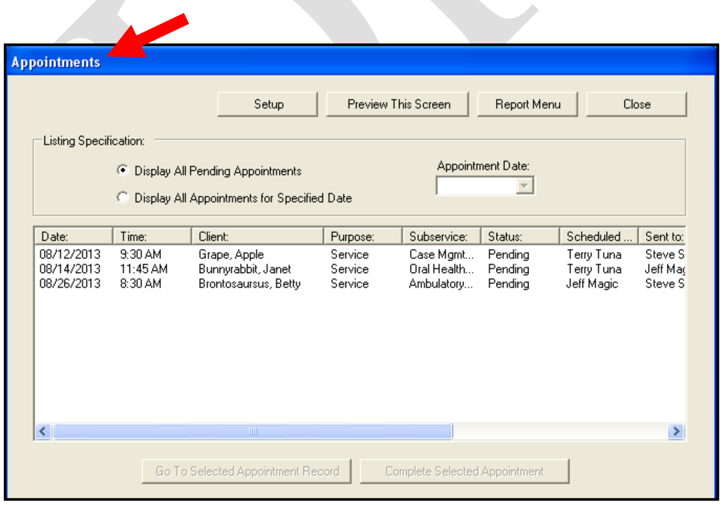




5. Once complete, click **Close**.

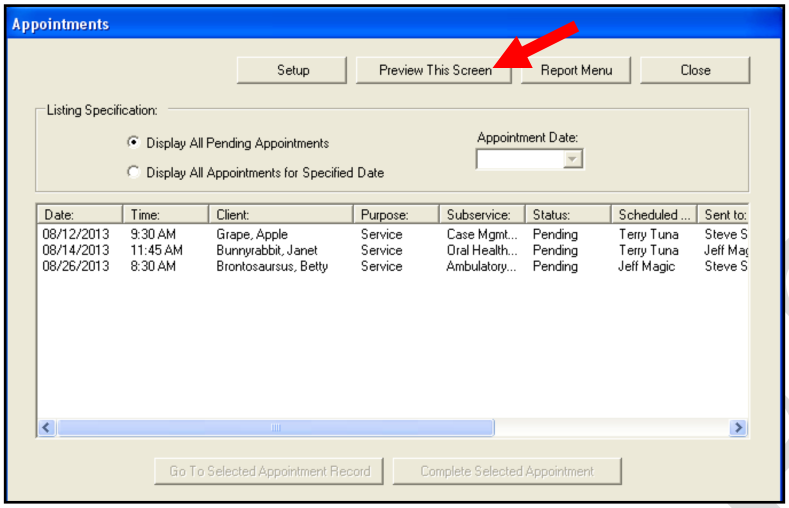


6. You will be returned to the **Appointments** screen. You can view all outstanding appointments from this screen.

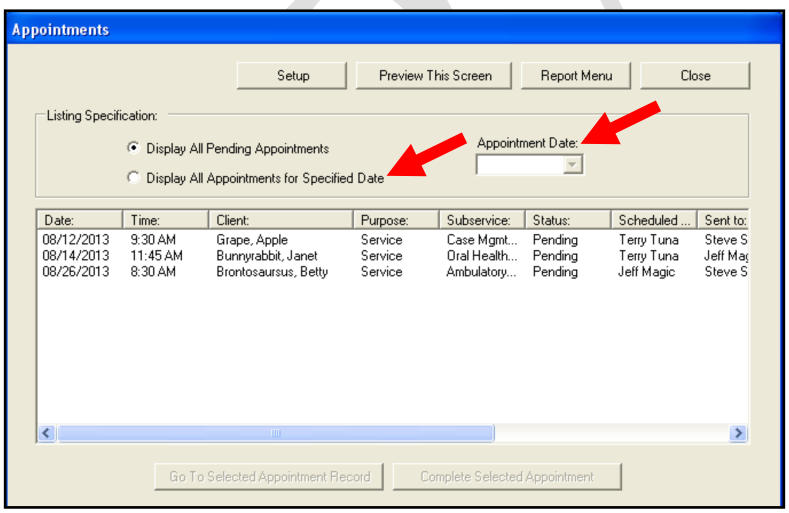


7. From the **Appointments** screen, you can:

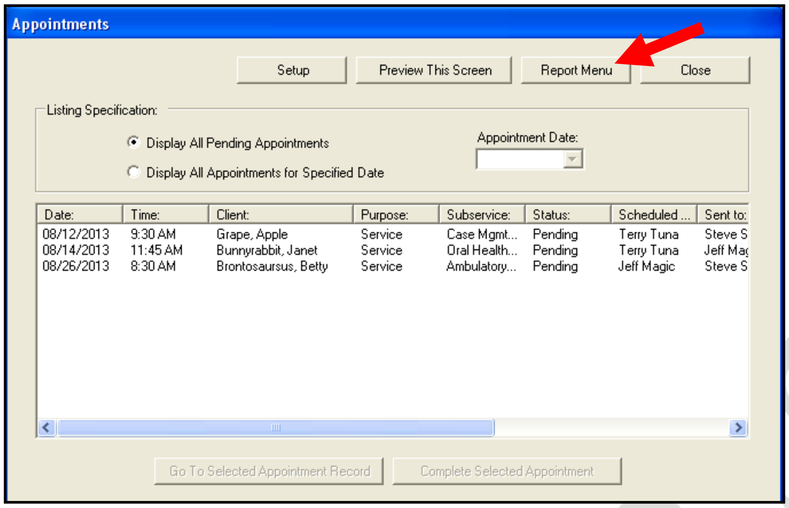
   a. Preview all pending visits by clicking the **Preview This Screen** button.



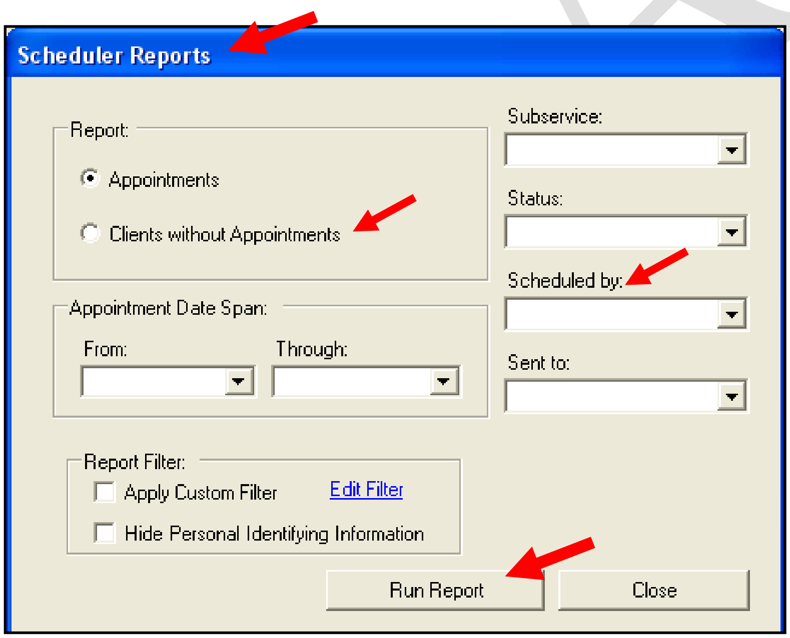
   b. **Display All Appointments for Specified Date** by clicking on this option and selecting the date from the **Appointment Date** drop-down menu. (You may want to generate a list for the next day's activities.)



c. Other reports are available by selecting the **Report Menu** button.

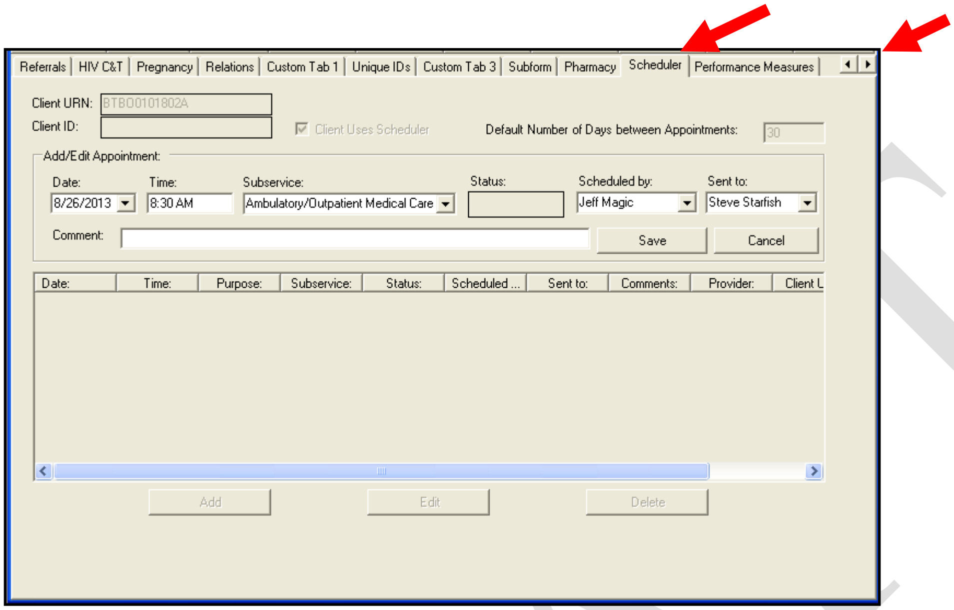


d. The **Scheduler Reports** screen will appear. This screen offers a number of options, such as **Clients without Appointments** and **Scheduled by**, from which customized reports regarding appointments can be run. After selecting the preferred options, click on **Run Report**.

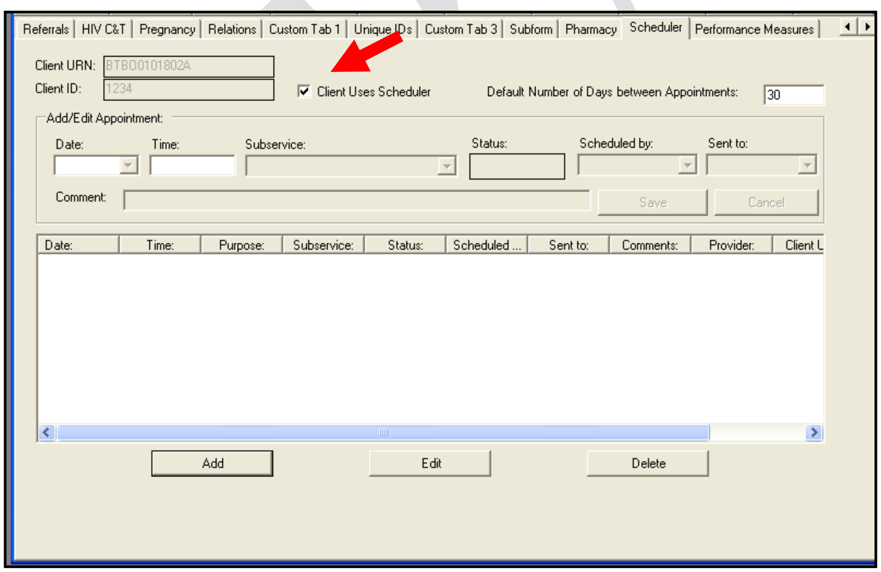


B. Scheduling an Appointment

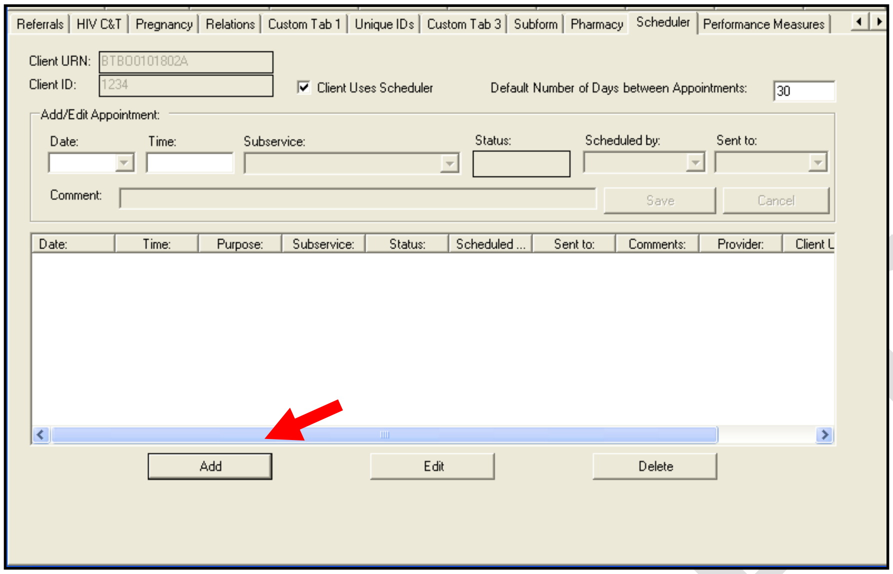
1. To schedule an appointment, enter a client's record and select the **Scheduler** sub-tab. You may have to scroll to the right (▸) on the sub-tab bar to locate the **Scheduler** sub-tab.



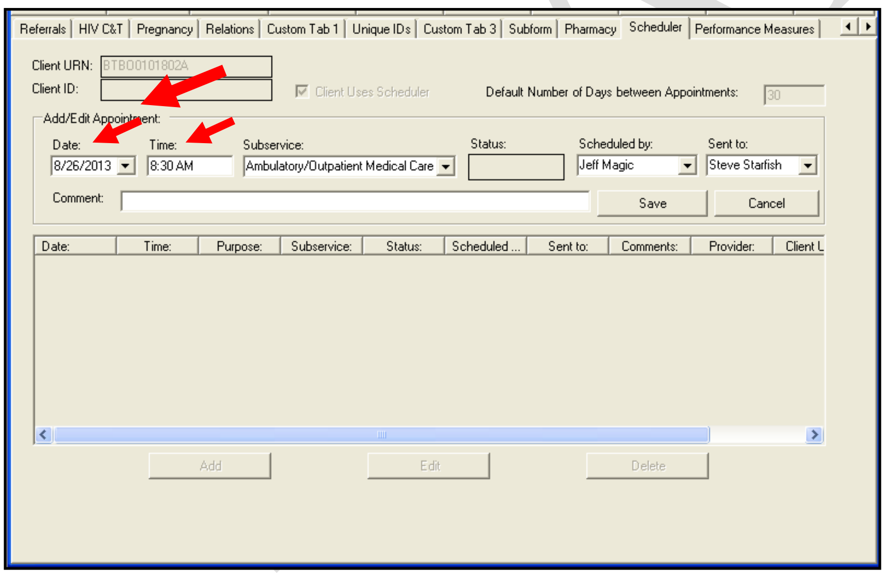
2. Check the **Client Uses Scheduler** option.



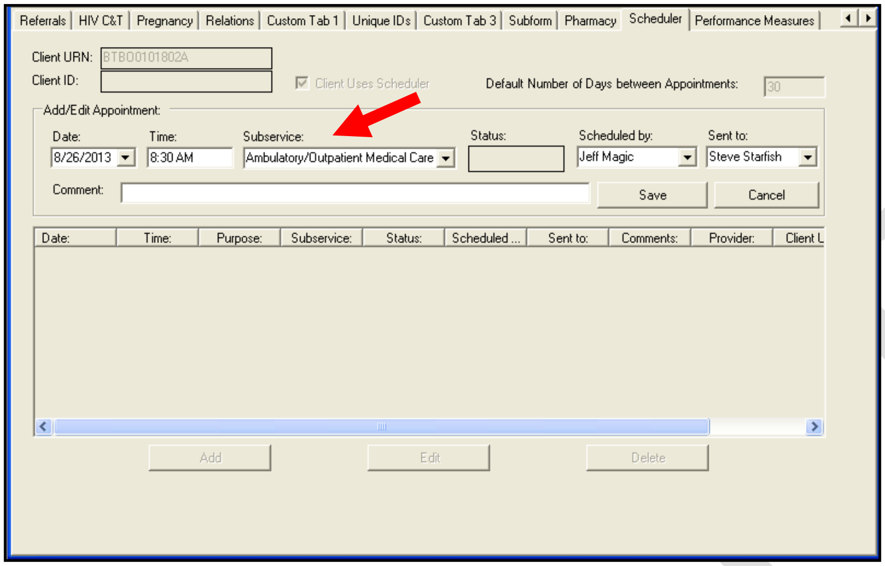
3. Click **Add** to add new appointment.



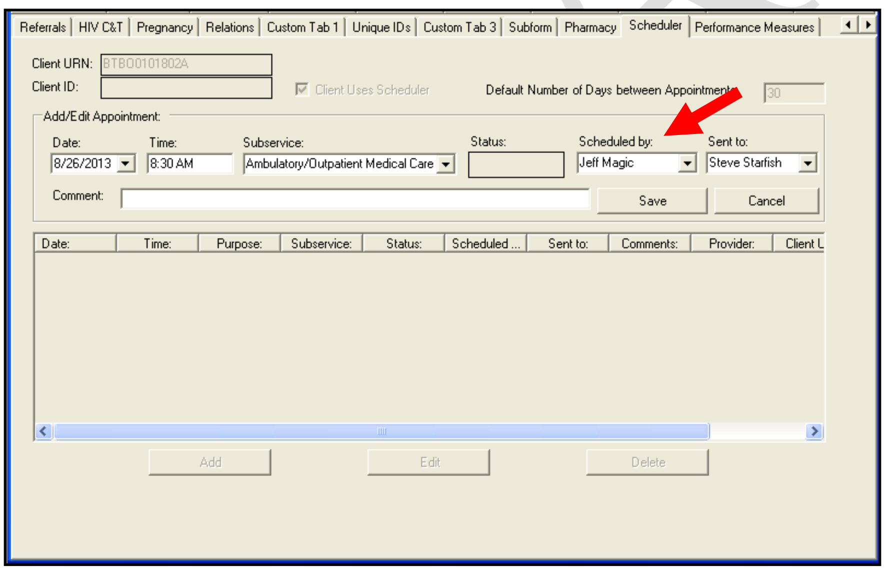
4. In the **Add/Edit Appointment** field, select the **Date** and enter the **Time**.



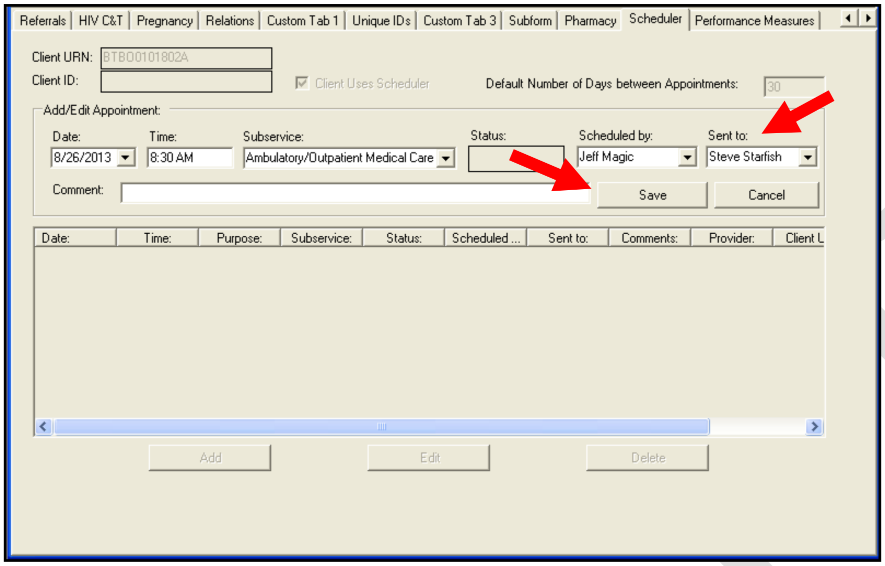
5. Select the **Subservice** for which the appointment is scheduled from the drop-down menu.



6. Select the staff who scheduled the appointment in **Scheduled by** drop-down menu.



7. Select the provider the client will be seeing from the **Sent to** drop-down menu and click **Save**.

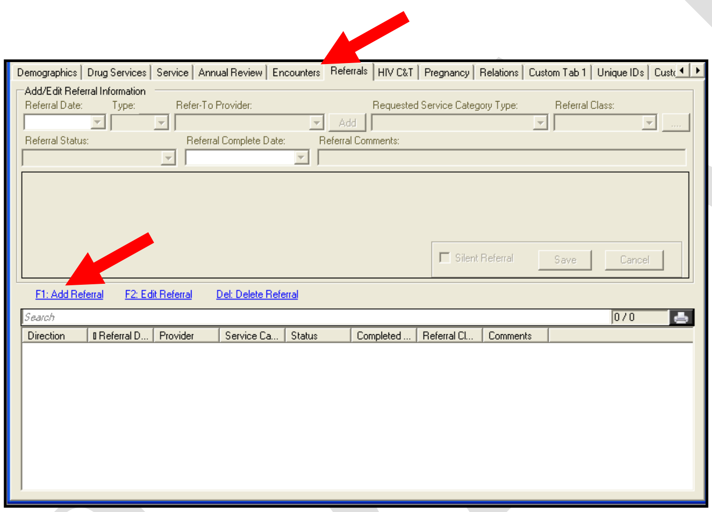


Chapter III – Specialty Data And Functionality

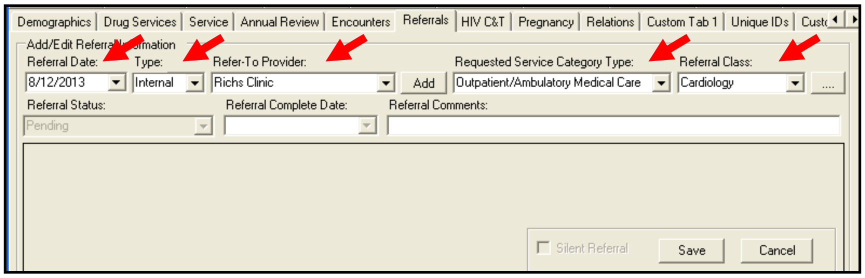
Background – CAREWare allows some customization. In order to cut down on the number of different data systems our customers have to input data into, the HIV/AIDS Section has customized our instance of CAREWare to track HOPWA and Eligibility data. By including HOPWA data in our system, we can produce portions of the HOPWA APR. This can help relieve agencies of the burden of maintaining an additional data system to collect HOPWA information. The same is true of our Eligibility Module. Staff across the state can verify eligibility by reviewing the client's record electronically within the database. Additionally, some functionality crosses between agencies. Two examples are referrals and data sharing. Agencies may send each other referrals for service and requests for sharing of client data.

Part 16 – Referrals

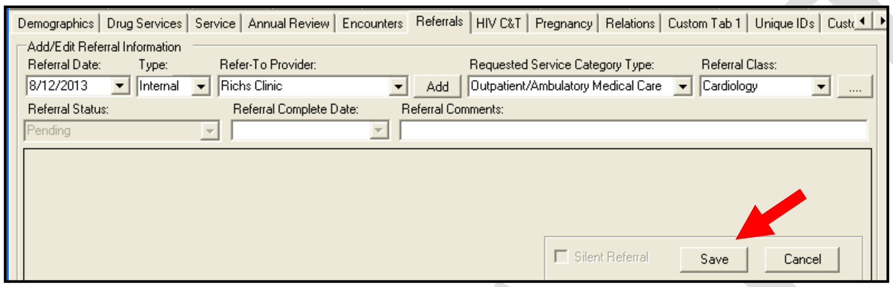
1. To send a client referral to another agency, enter the client's record. From the **Referrals** tab, select the **F1: Add Referral** hyperlink.



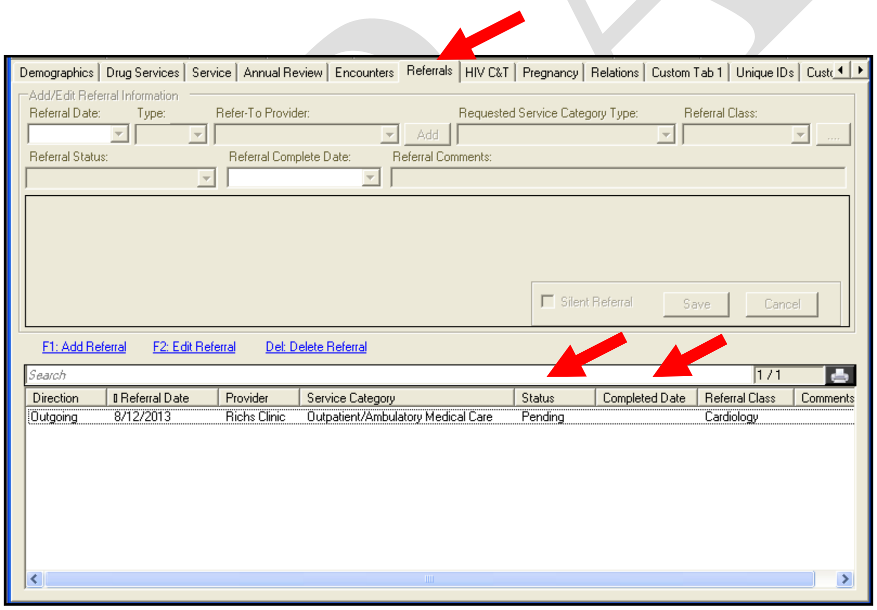
2. In the **Add/Edit Referral Information** field, enter:
   a. **Referral Date**
   b. **Type**. An **Internal** referral allows you to send to another agency in the state's CAREWare network. An **External** referral represents an agency that is not on our network. An **External** referral does not actually go to anyone; it is simply a way to track referrals. When an **Internal** referral is sent, the receiving agency will be notified the client has been referred to them for service.
   c. **Refer-To Provider**
   d. **Requested Service Category Type**: For what type of service is the referral?
   e. **Referral Class**: An additional level of specification for the referral. This field is optional.



3. Once all the data is entered, click **Save**.

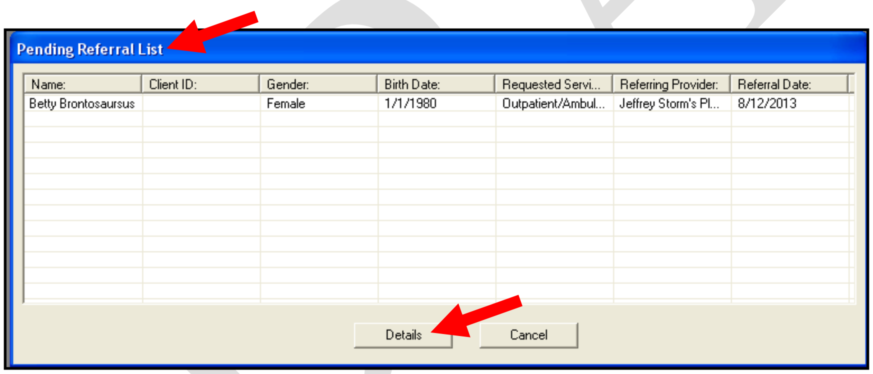


4. You will return to the **Referrals** tab. Note that the **Status** is pending and the **Completed Date** is blank.

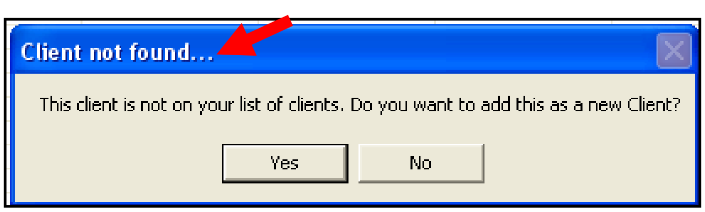


5. The agency that receives your referral will have an **Incoming Referral** hyperlink under **System Messages** on their **Main Menu**.

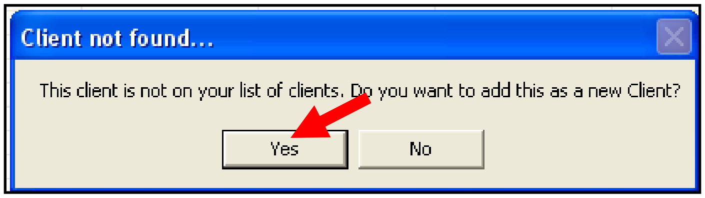
6. When the receiving agency clicks on the **Incoming Referral** hyperlink, the **Pending Referral List** screen will appear. Click on the **Details** button.



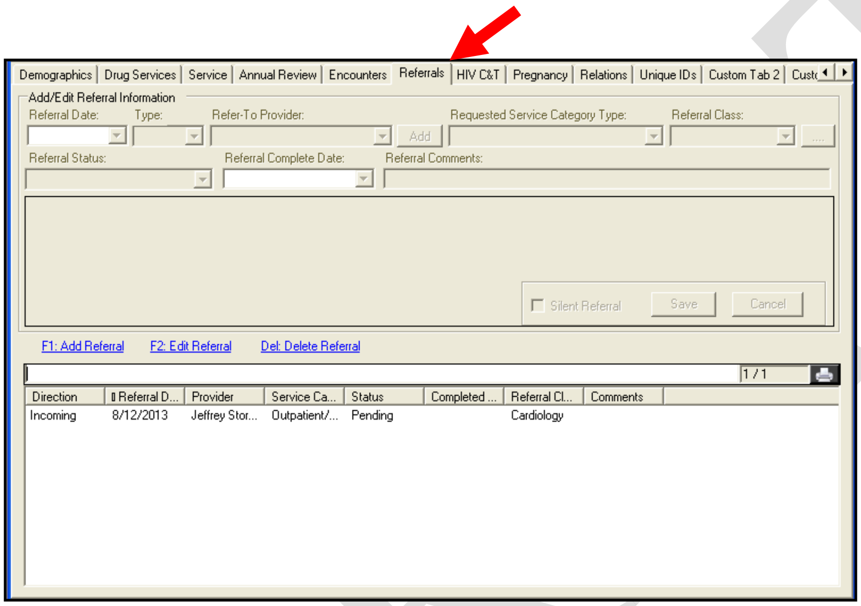
7. If the individual has not been entered into the receiving agency's domain, the **Client not found….**



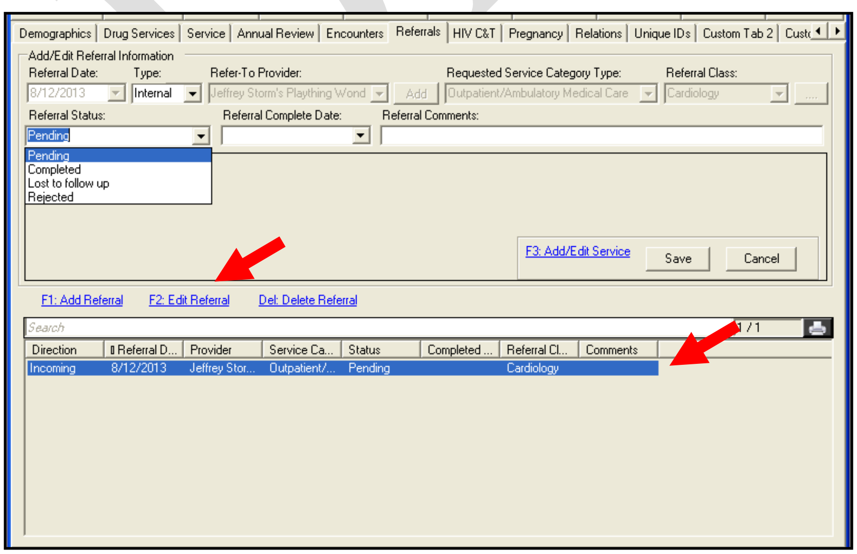
8. The client will be brought into the receiving agency's domain by clicking **Yes** on the **Client not found…** screen.



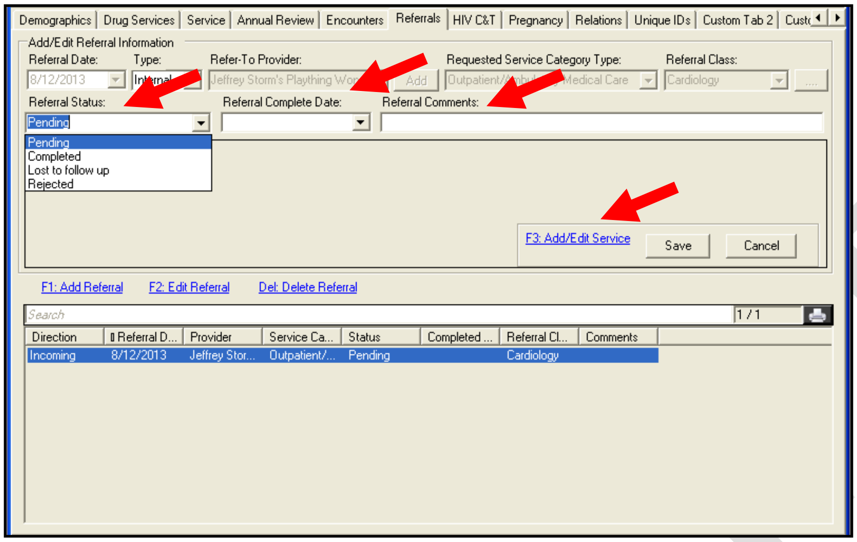
9. The **Referrals** tab will appear.



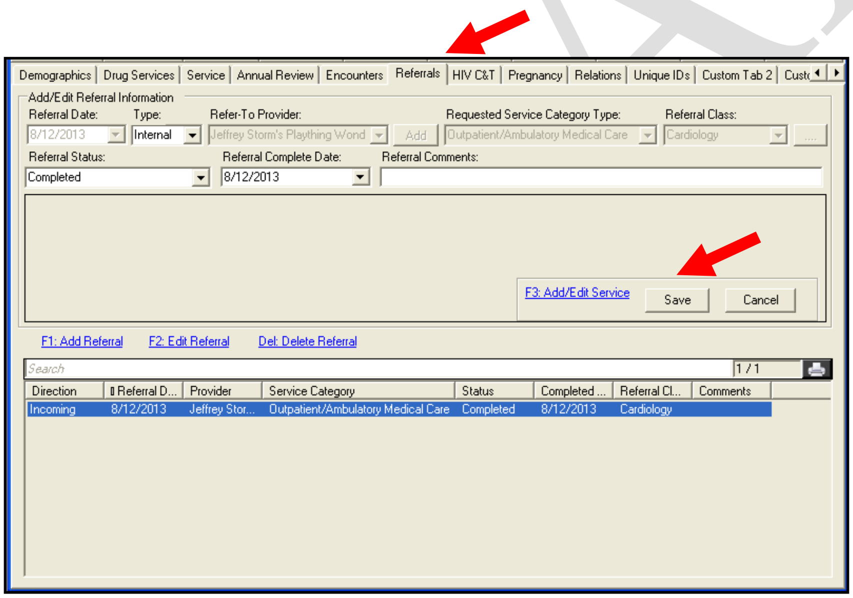
10. Click on the referral from the list in the lower half of the screen and choose the **F2: Edit Referral** hyperlink.



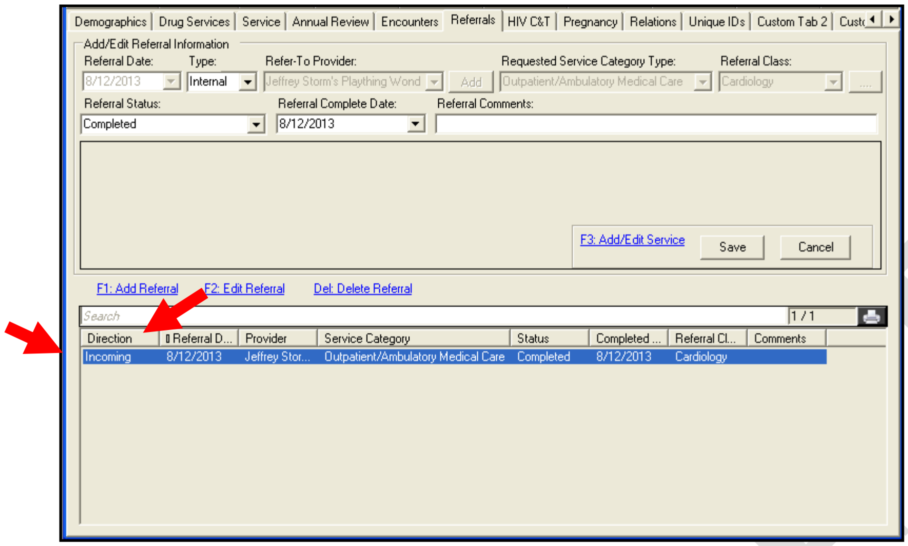
11. Update the **Referral Status** and **Referral Completed Date**. The **Referral Comments** is an optional field. To add the service that corresponds to the referral, choose **F3: Add/Edit Service**.



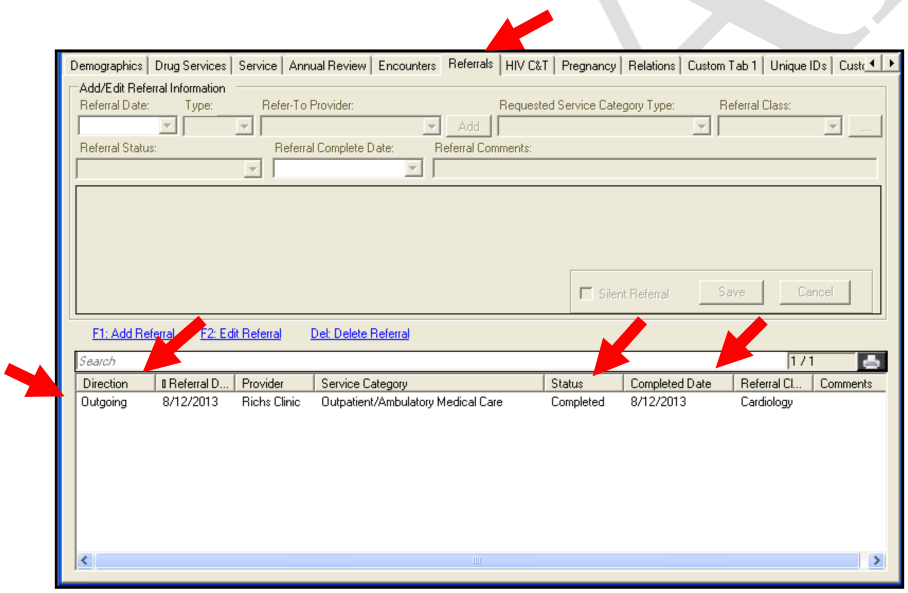
12. Once a service is added, the **Referrals** tab will become active again. Click **Save**.



13. The screen below illustrates what the receiving agency sees. Notice that the **Direction** is **Incoming**.



14. Viewing at the **Referrals** tab from the sending agency, the **Status** and **Completed Date** are updated. Notice that the **Direction** is **Outgoing**.



Part 17 – Forms

A. Eligibility Forms

All eligibility forms and information required under Rule 64D-4, *Florida Administrative Code*, must be entered into the state CAREWare database.

Paper Enrollment

Eligibility staff may use paper forms to determine eligibility for new clients if:

- The state CAREWare is not available due to server/network issues
- Eligibility is being conducted off-site and access to CAREWare is not available

All paperwork must be entered and/or scanned into state CAREWare once service has been restored or you have access to the database.

All information must be entered within <u>two weeks</u> of interviewing the client.

State CAREWare Documents

The following documents must be completed in state CAREWare under the Forms tab:

- Eligibility Staff Assessment Worksheet (once at initial appointment or if the file is closed for more than a year)
- Six Month Recertification Review Form (every six months after initial certification)
- Notice of Eligibility or Ineligibility (every six months)
- Insurance Waiver Form (as needed)

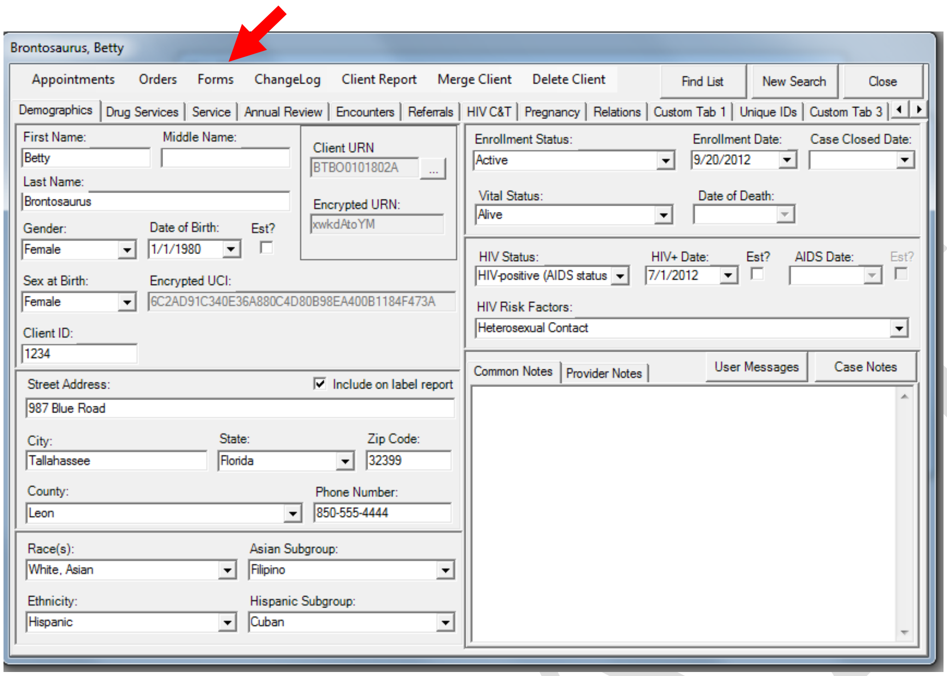
All forms are custom sub-forms; that is, these forms are kept each time they are completed and will provide a history over time. When it is time to complete any of the documentation on the **Forms** tab, a new form will be added. <u>DO NOT edit any previous forms.</u>

No signatures are required on the **Eligibility Staff Assessment Worksheet**, **Six Month Re-Certification Review Form** or **Insurance Waiver Form, Notice of Ineligibility.**

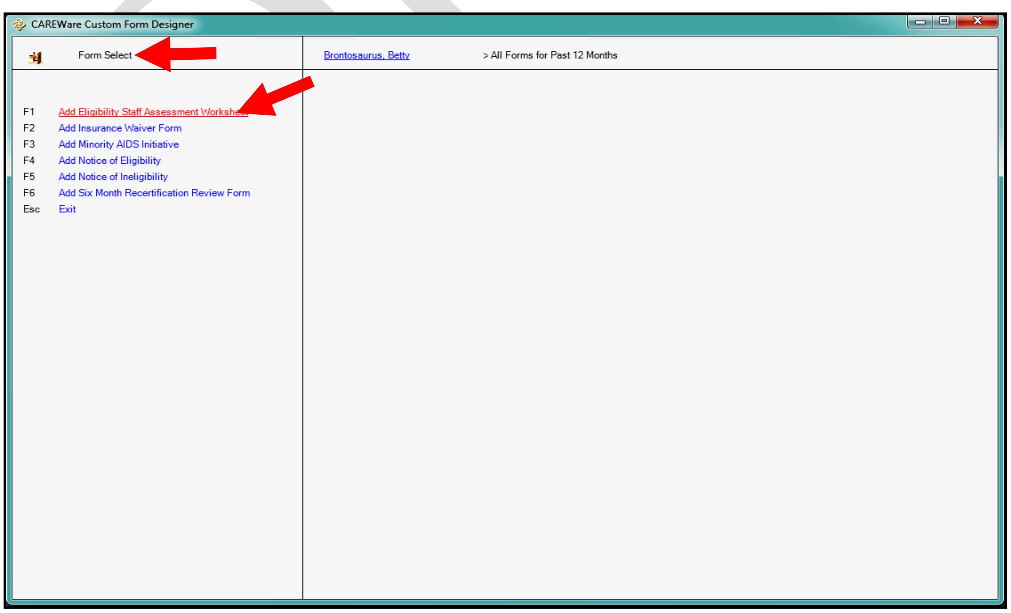
Print the **Notice of Eligibility** for signatures, scan the signed document, and save in CAREWare under the **Unique ID** tab under **Attachments**.

Adding Forms

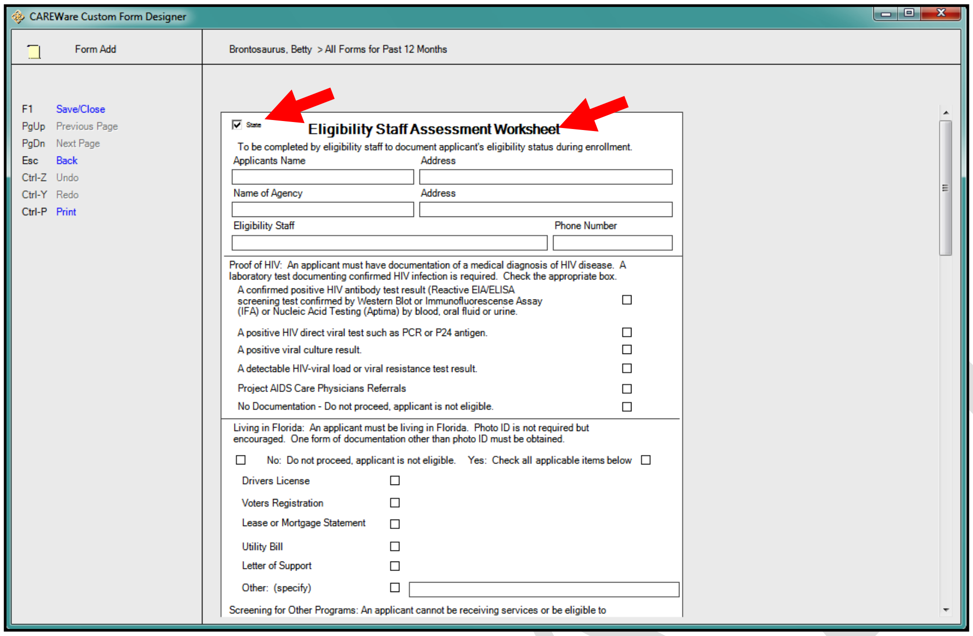
1. Click the **Forms** button



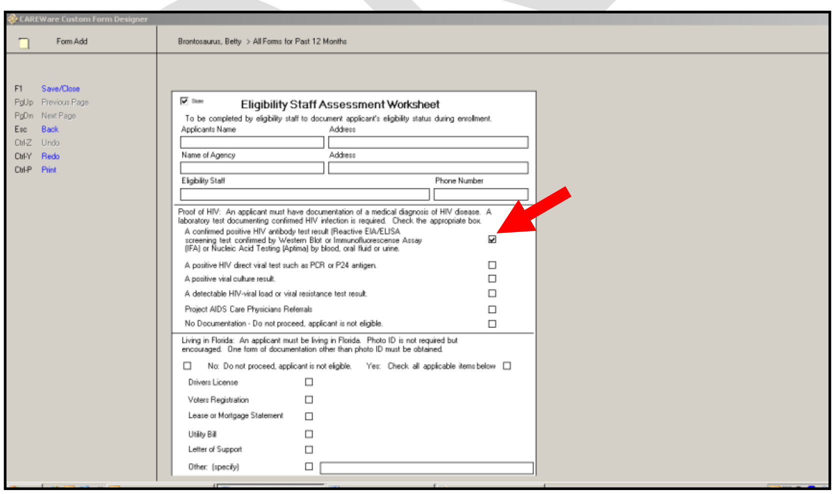
2. The **CAREWare Custom Form Designer** screen will appear. Under the **Forms Select** menu, click on the appropriate hyperlink (**Add______**) to navigate to the desired form. You may also use a keyboard shortcut to open the form by pressing the keyboard's corresponding F key. For example, you can open the **Add Eligibility Staff Assessment Worksheet** by pressing F1.



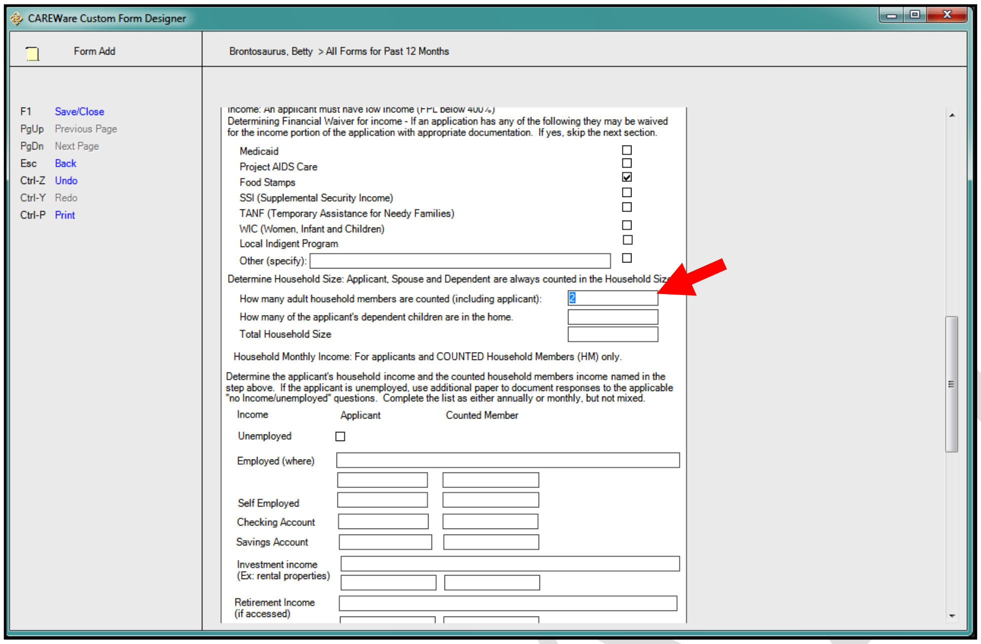
3. The example below illustrates the **Eligibility Staff Assessment Worksheet**. Begin by clicking the **State** option in the upper left corner. This opens the form's fields for inputting information.



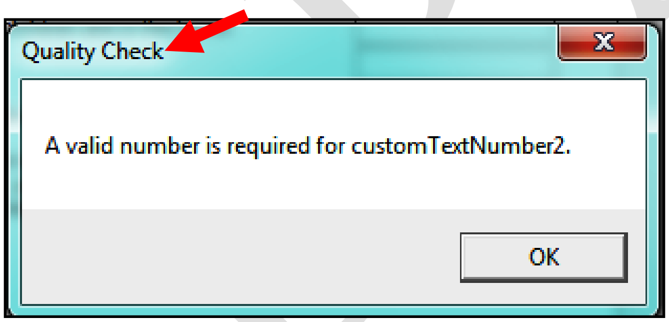
4. Click within each field to enter the required information. You may also use the Tab key on the keyboard to move from one field to the next. To insert check marks, click inside the boxes. You may use Tab to move from one box to the next, pressing the keyboard's space bar to insert the check marks.



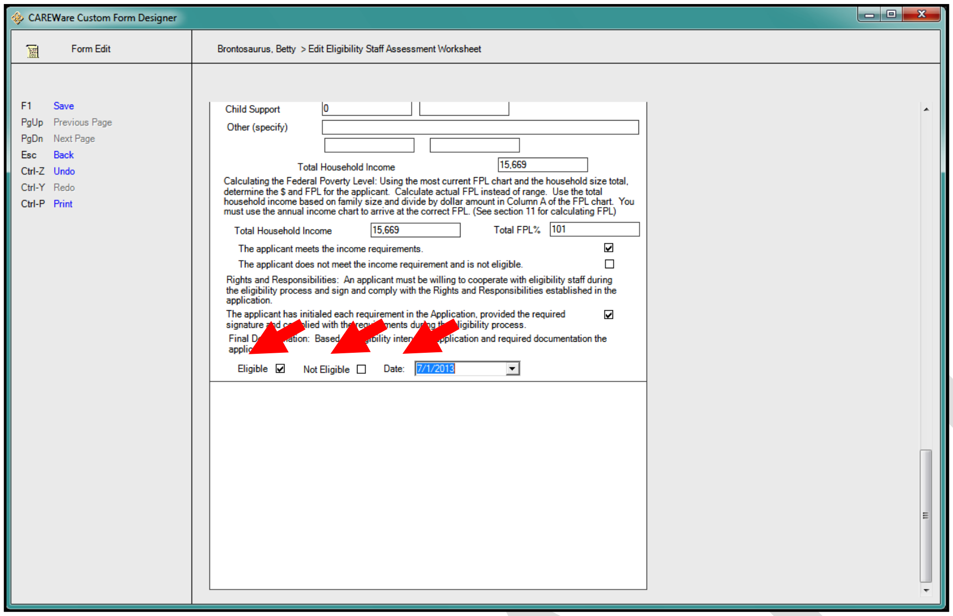
5. For fields requiring that a number or amount be specified, enter digits instead of words to indicate the numerical value. For example, if two adult household members are counted, enter the number **2** into the field.



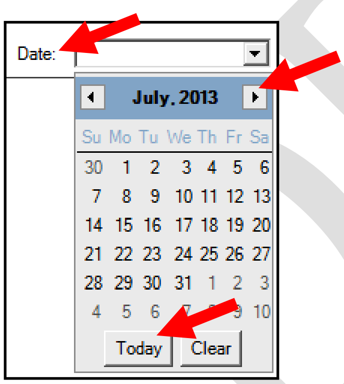
6. Entering words into numeric fields will result in an error message in the **Quality Check** screen.



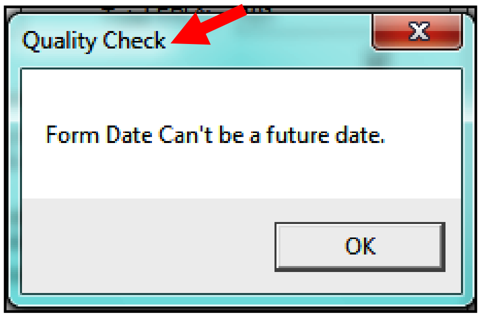
7. To select the date the client is determined **Eligible** (or **Not Eligible**), click the **Date** drop-down menu.



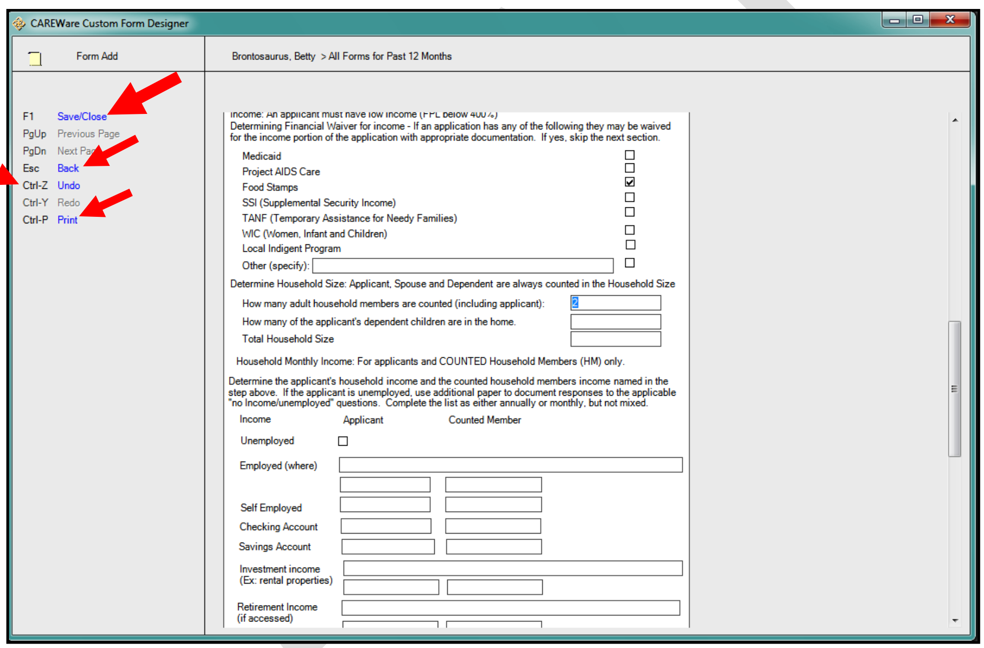
8. Use the left and right arrows (◀ and ▶) to scroll through the calendar by month/year. Click **Today** to select the current day, or click the correct date on the calendar.



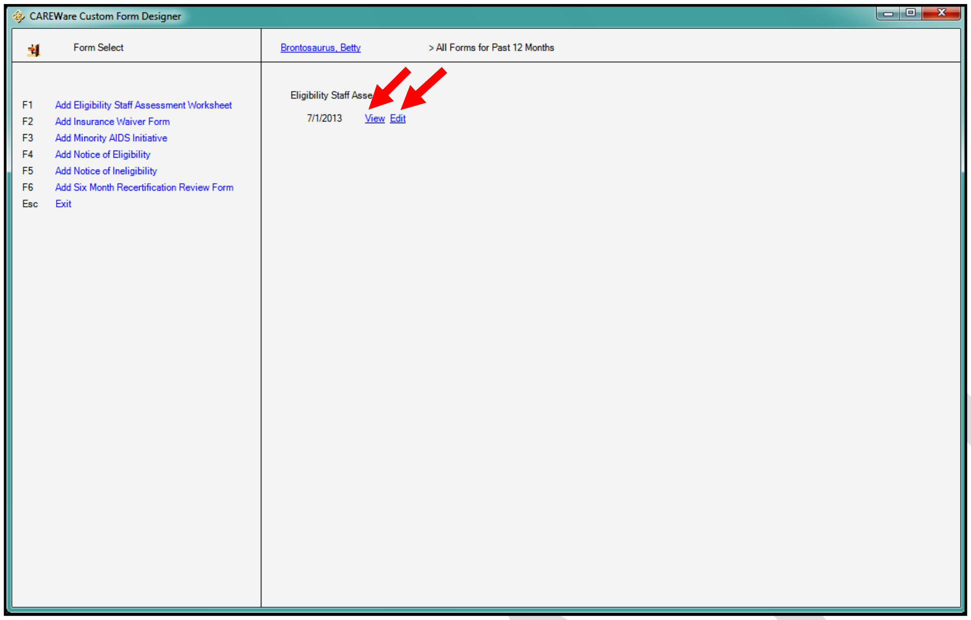
9. The form will not allow for future-dating. Only a current or past eligibility determination date may be saved.



10. Once information has been entered into all fields and the date has been selected, click the **Save/Close** hyperlink or press F1 on the keyboard to save the completed form. The other menu hyperlinks may be selected to go **Back**, to **Undo** the last action, or to **Print** the form at any point during the completion of the form, if needed.

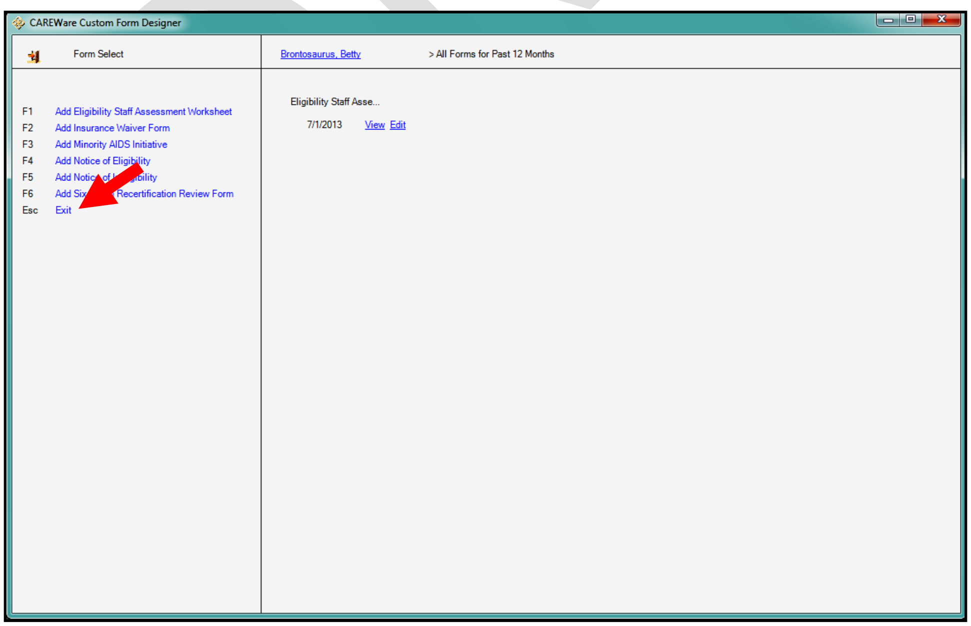


11. After clicking **Save/Close**, links to the completed form will appear on the screen. Click **View** to examine the form or **Edit** to make changes.



12. Follow the previous steps to select, complete and save other forms listed under the **Forms Select** menu.

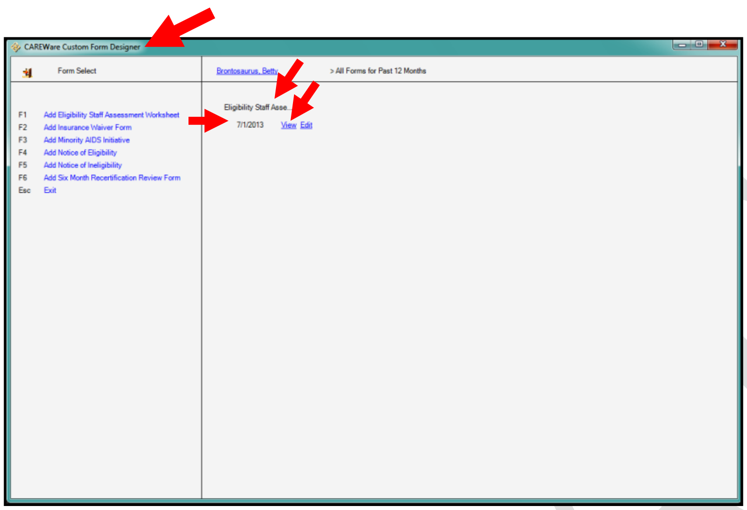
13. Click **Exit** or the keyboard's Esc key to exit the **CAREWare Custom Form Designer** screen.



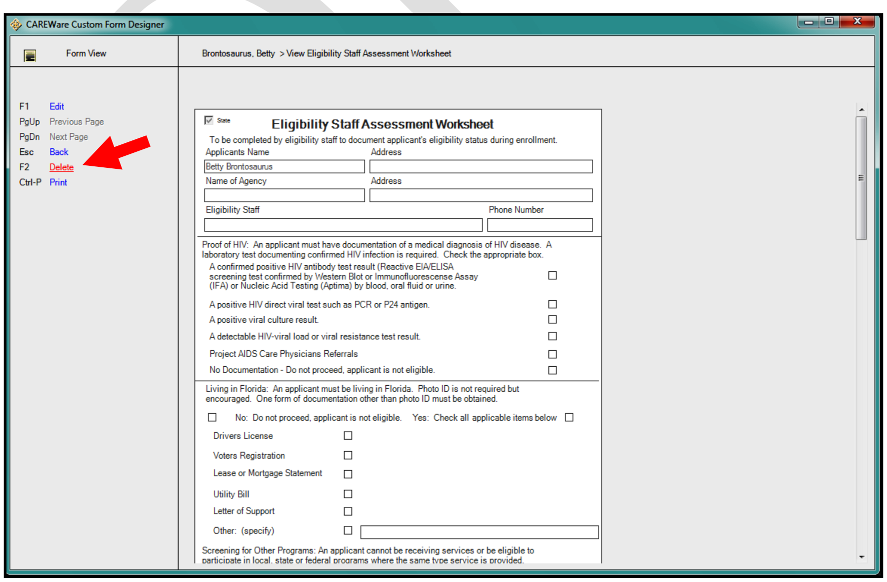
Deleting Forms

Although forms completed under the **Forms** tab can be deleted, forms should not be deleted unless one is completed for the wrong client, under a different client's name, or other unusual circumstance. Forms will save by date and should be kept for tracking and auditing purposes.

1. To delete a saved form, locate the form on the **CAREWare Custom Form Designer** screen by name and/or date of entry. Click **View**.



2. Click the **Delete** hyperlink or use the keyboard's F2 key to remove the form. No warning screen or confirmation window will appear to verify that you want to delete, so be sure you are ready to remove the form before pressing **Delete** or F2. The form will be completely removed.



Part 18 – Attachments

Scanning Documents

The following items MUST be scanned into state CAREWare as proof of documentation. See the *Eligibility Procedures Manual* for acceptable proof/documents, as well as requirements for scanning at initial application and six month recertification.

1. Proof of HIV
2. Proof of living in Florida
3. Proof of income
4. Proof of any third party insurance (for example, Medicaid, Medicare, private insurance or Veterans Benefits)
5. Copy of the **signed** application (both sides)
6. Copy of the **signed** Notice of Eligibility
7. Copy of the Insurance Waiver Form (if applicable)
8. Copy of the **signed** releases/consent forms
9. Other identified documents as part of file (if applicable)

Saving Scanned Documents

Scanned documents attached in the state CAREWare MUST be deleted from networks or desktop computers routinely, at least at the end of each day.

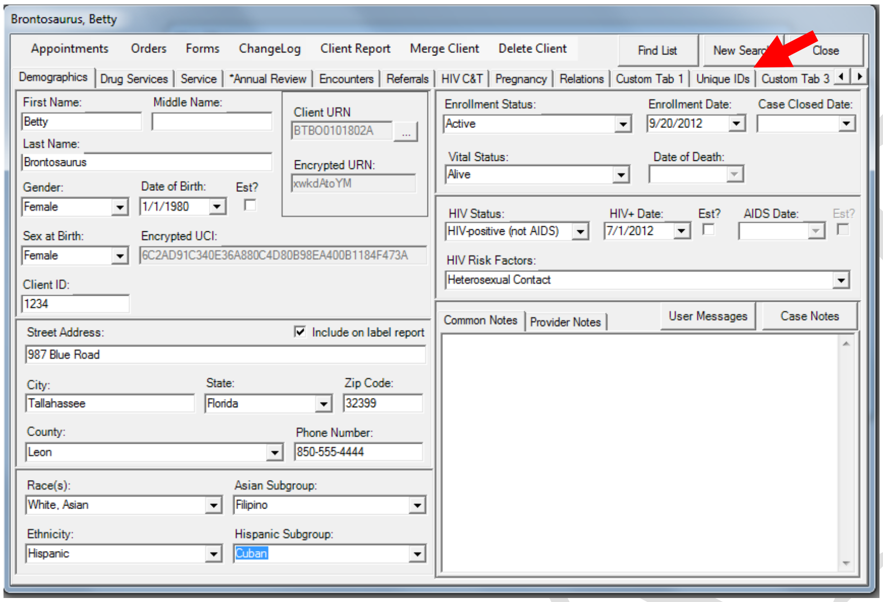
Agencies should determine a central location where all scanned documents are stored. It is preferable that all documents be scanned to one file/location and then be deleted each night for security purposes.

NOTE: File uploads (scanning) are limited to 1 MB or smaller. Anything larger will cause problems with the system.

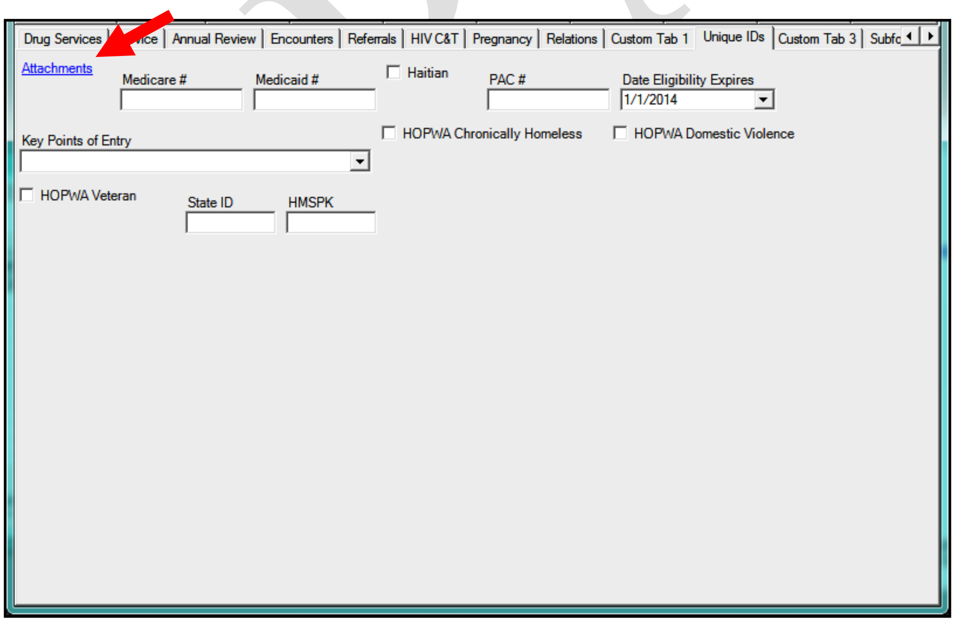
Attaching Scanned Documents

Citrix users—see additional steps subsection.

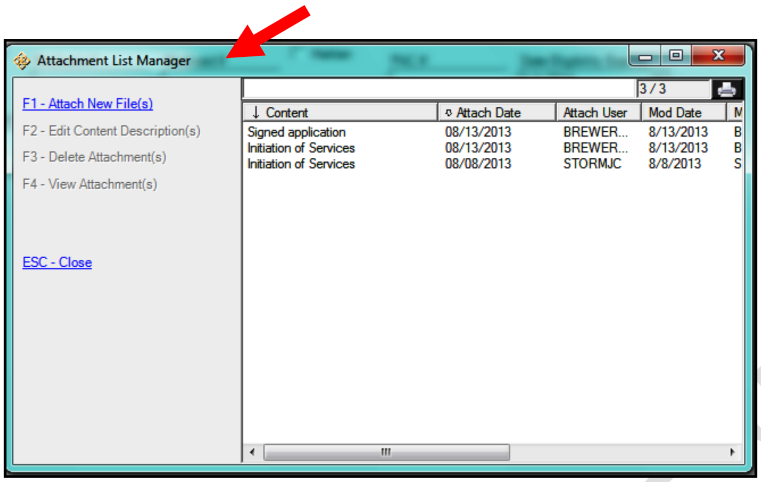
1. Select the **Unique IDs** tab.



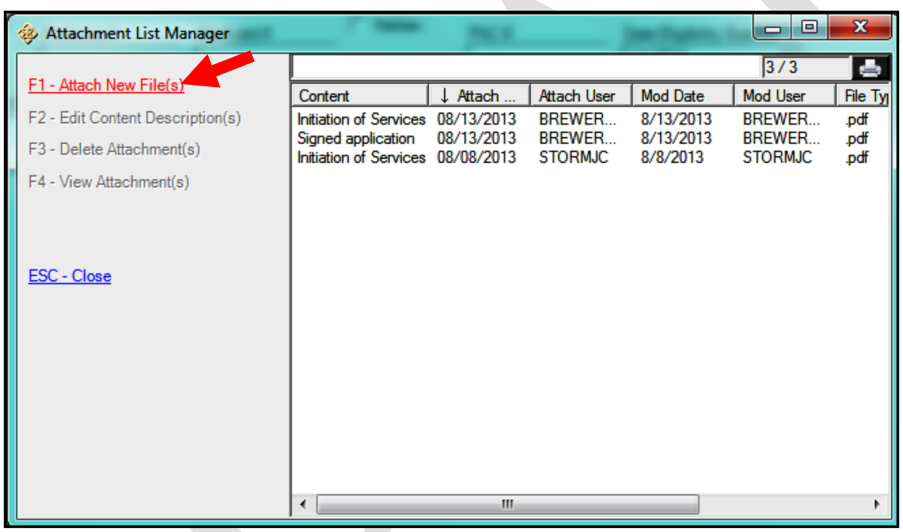
2. Click the **Attachments** hyperlink.



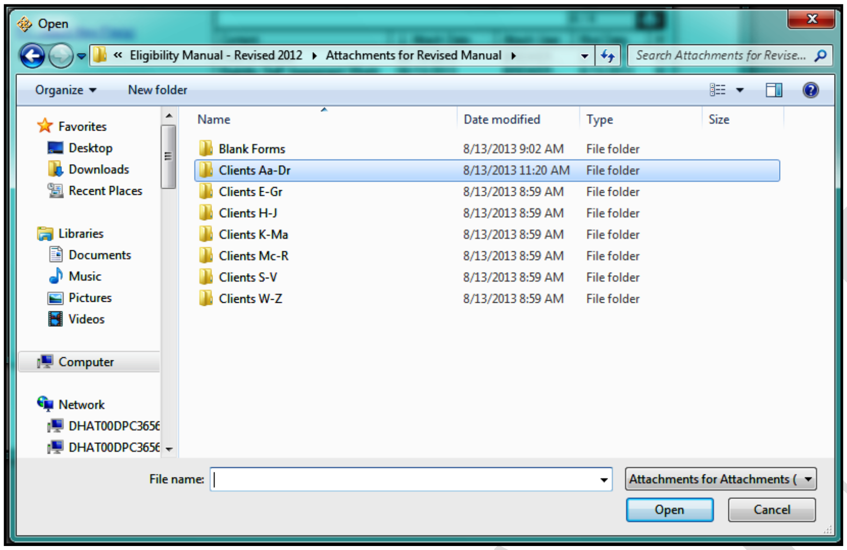
3. If documents have previously been added for the client, they will appear on the **Attachment List Manager** screen.

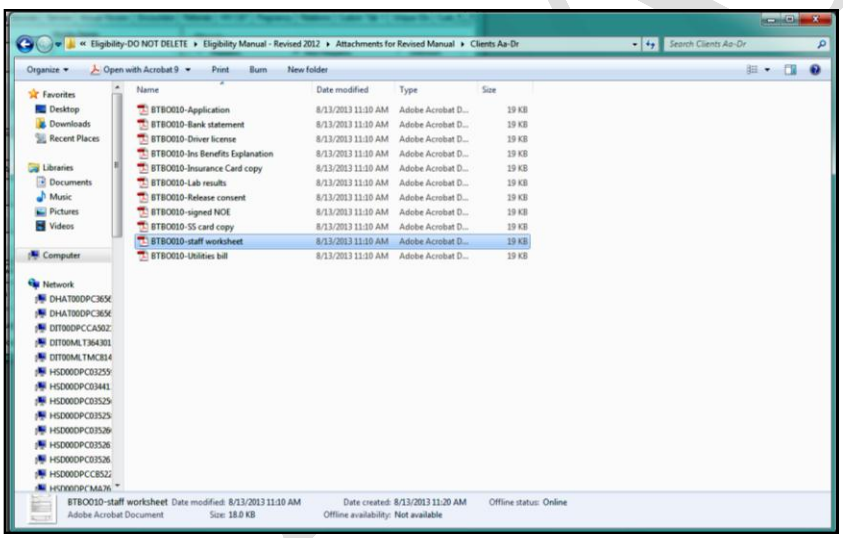


4. To upload a new file, click **F1 - Attach New File(s)** or press the F1 key.

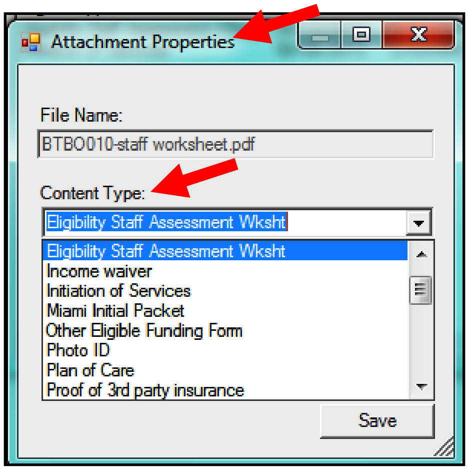


5. Go to the central location where the scanned document is stored. Open the folder and select the document to be uploaded into CAREWare. The screens below are examples of how scanned documents may be temporarily stored.

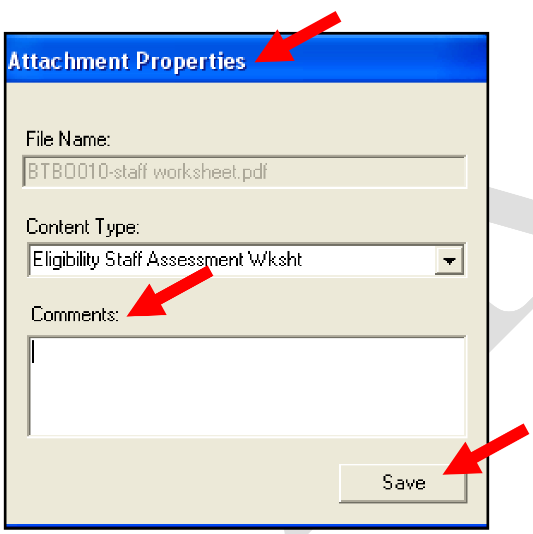




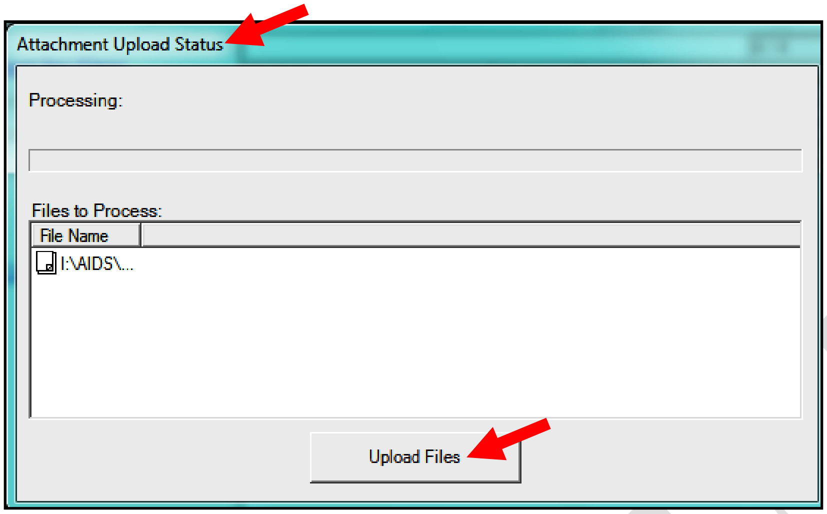
6. Once you have selected a file to upload, the **Attachment Properties** screen will appear. Select a **Content Type** from the drop-down menu. You must choose an available content type because you are not able to type free-text in the drop-down menu.



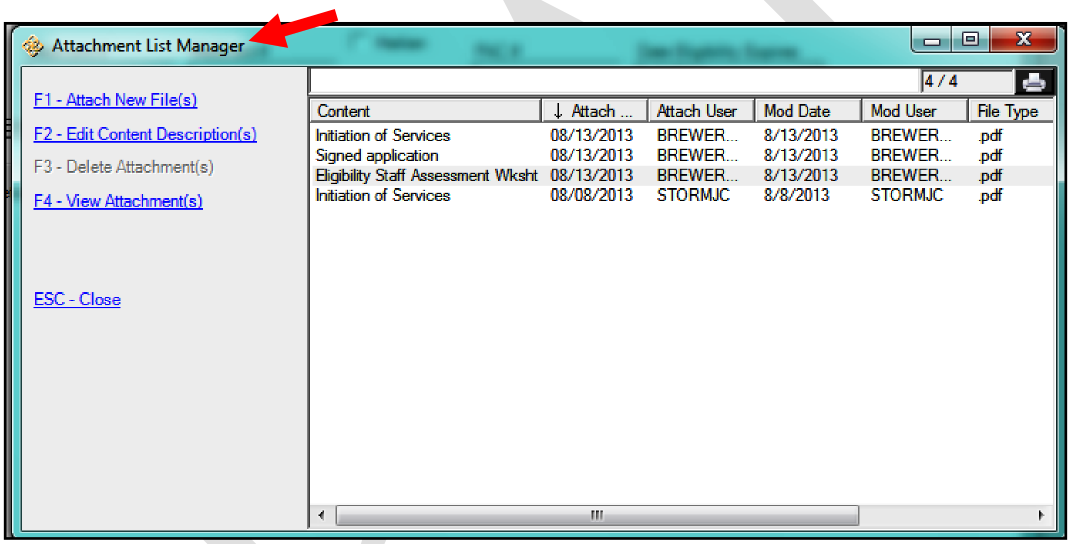
7. Specifics about the document can be noted in the **Comments** field, which will appear on the **Attachment Properties** screen once the **Content Type** has been selected from the menu. **Save** entries.



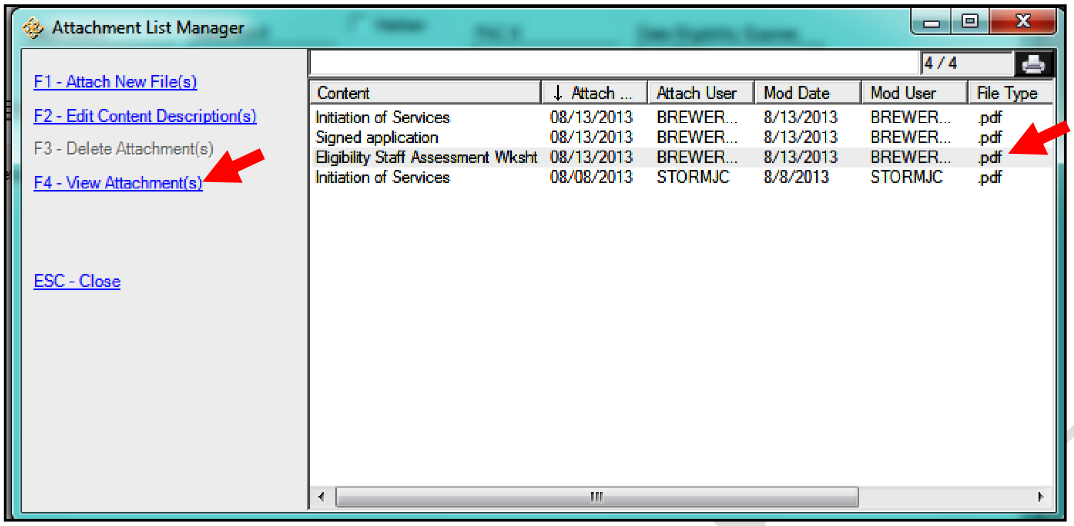
8. The **Attachment Upload Status** screen will appear. Click the **Upload Files** button.



9. The attached document should now appear in the **Attachment List Manager** screen.



10. Once a document has been uploaded, you must verify the upload occurred without error. Highlight the uploaded document and select **F4 - View Attachment(s)** or press the F4 key.



11. If the document opens, the upload occurred properly and you can continue with your data entry. A corrupted file will not open. If the file does not open, have your local provider administrator delete the file from CAREWare and attempt the upload again. This check <u>MUST</u> be done for every document you upload.

Citrix Users Additional Steps

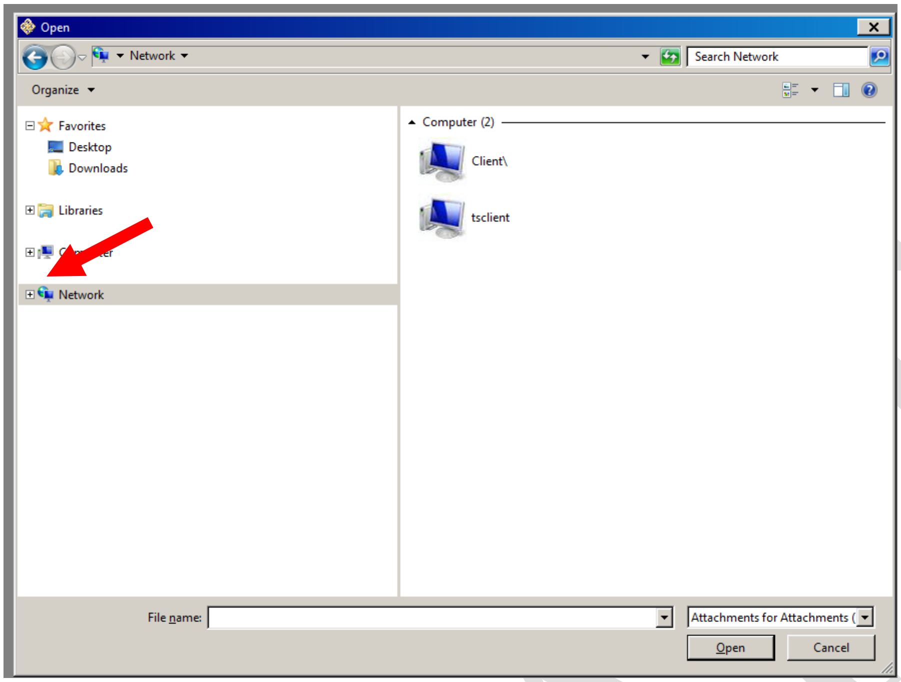
Citrix users must map the drive to where they store their client files for uploads through the Citrix server. Once the drive is mapped, the server will remember the settings and open to that same location when **F1 - Attach New File(s)** is selected.

<u>NOTE</u>: The HIV/AIDS Section uses multiple Citrix servers to provide CAREWare access to private agency staff. Each server can accommodate a limited number of users. Therefore, each server must be mapped by following the steps below. The users do not have the ability to pick through which server they access CAREWare—the system automatically makes that choice. Two indicators that will tell you the server needs mapping are:

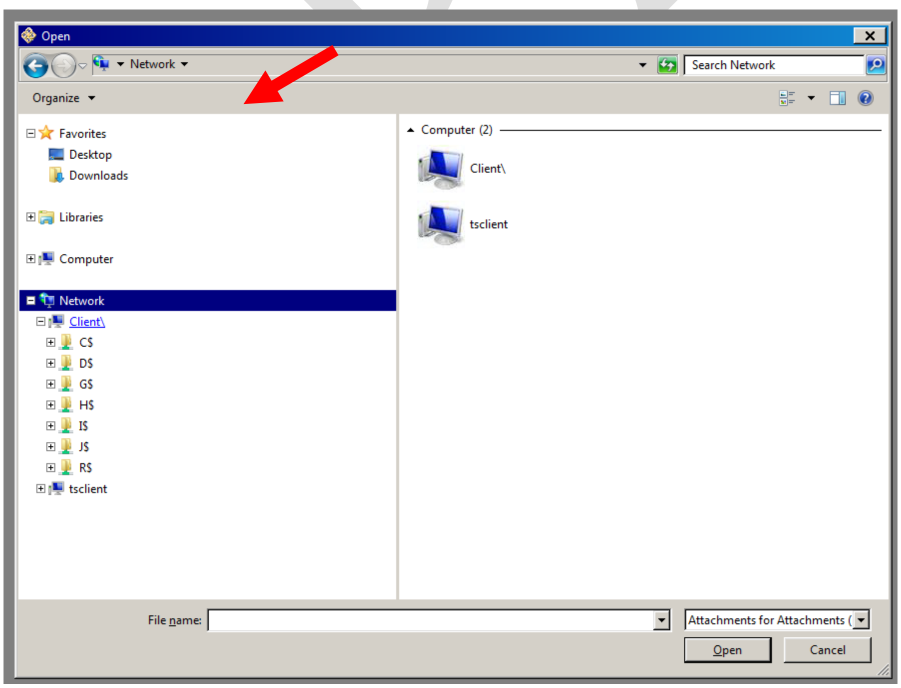
1. When selecting **F1 - Attach New File(s)**, the pop-up screen that appears does not open to the location where the scanned documents are temporarily stored.
2. After uploading a file, clicking on **F4 - View Attachment(s)** does not open the document.

If you experience either one of these indicators, try mapping the server.

1. Select the “+” sign in front of **Network**.

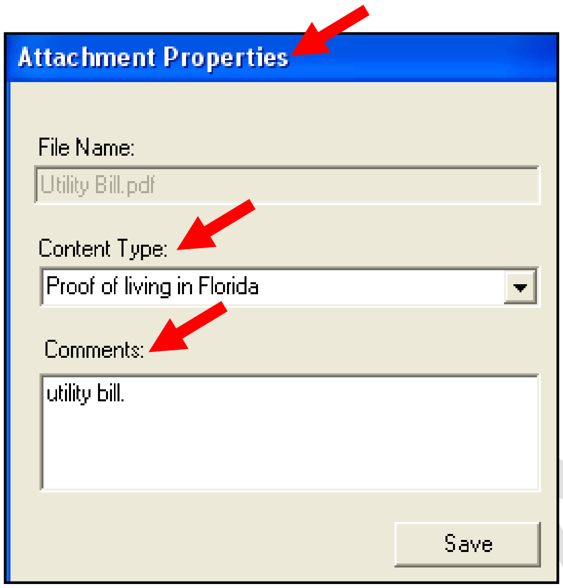


2. At this screen you will see a number of drives that end with a “**$**.” This is your network. From here, navigate to the location where you are storing the clients’ files to upload. Only after a document has been successfully uploaded is the drive mapped.

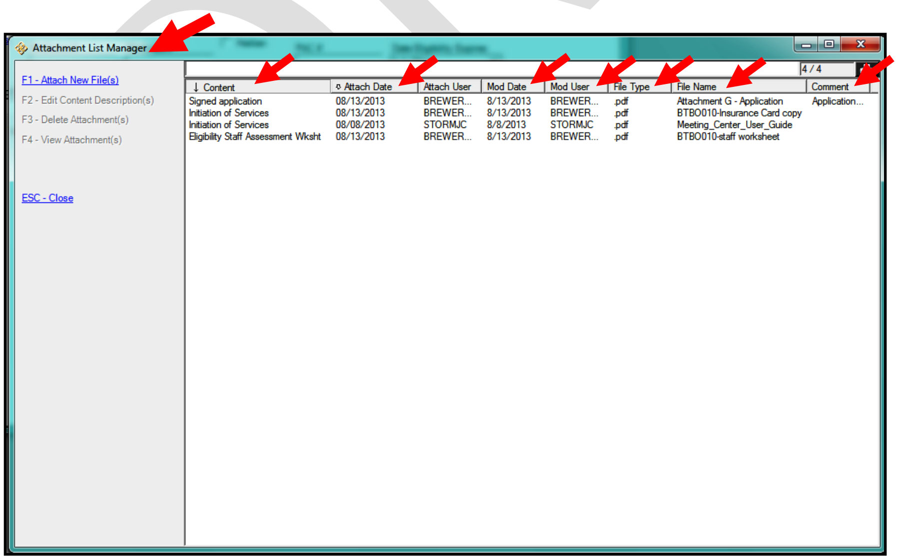


Attachment Rules and Sorting

1. All documents should be saved individually rather than combined into one PDF file, even if they represent one category. For example, a copy of a client's utility bill may be used as proof of living in Florida. Upload the scanned utility bill by selecting **Proof of living in Florida** from the **Content Type** drop-down menu on the **Attachment Properties** screen. In the **Comments** field, type **utility bill**. Upload the driver's license separately and select **Proof of living in Florida** again as the **Content Type**.

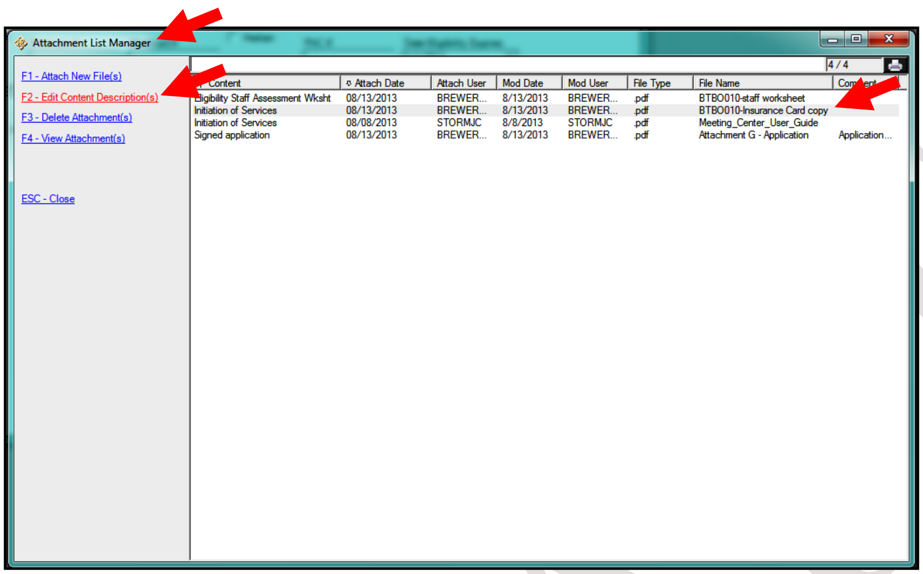


2. Attachments may be sorted by clicking any of the column headings—**Content**, **Attach Date**, **Attach User**, **Mod Date**, **Mod User**, **File Type**, **File Name** or **Comment**—from the **Attachment List Manager** screen.

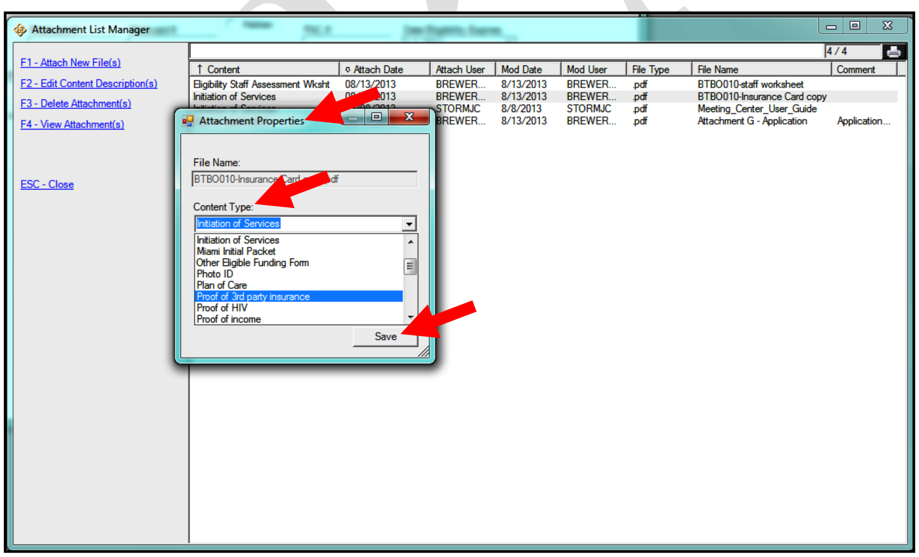


Editing Content Description

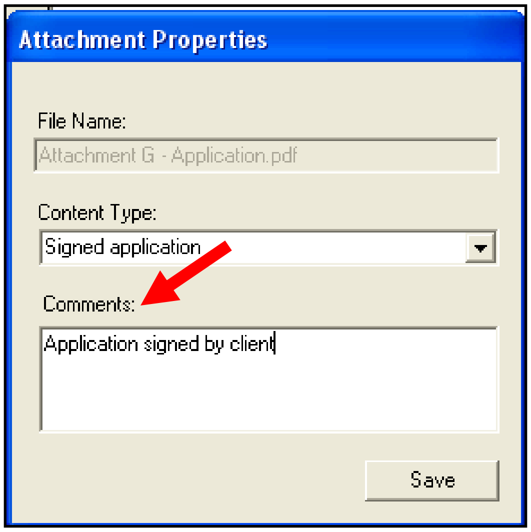
1. To edit the document's description, from the **Attachment List Manager** screen, select one of the listed documents. Click **F2 - Edit Content Description(s)** or press the F2 key.



2. Select the appropriate **Content Type** from the drop-down menu on the **Attachment Properties** screen and click **Save**.

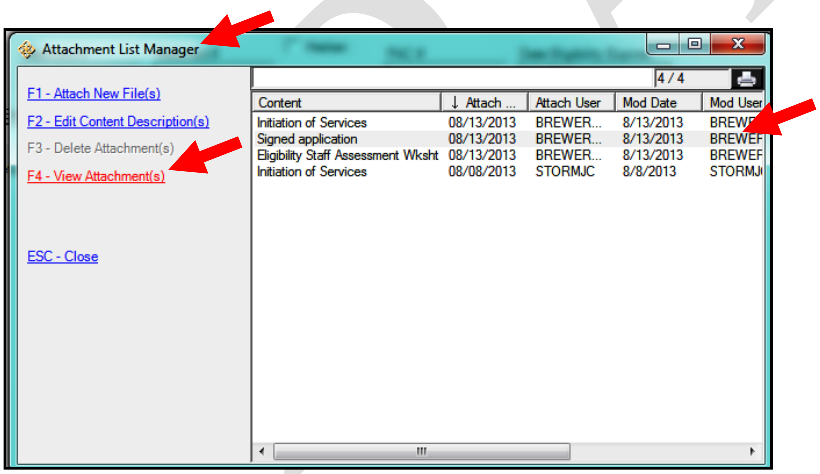


3. You may also add/edit/delete the **Comments** field.

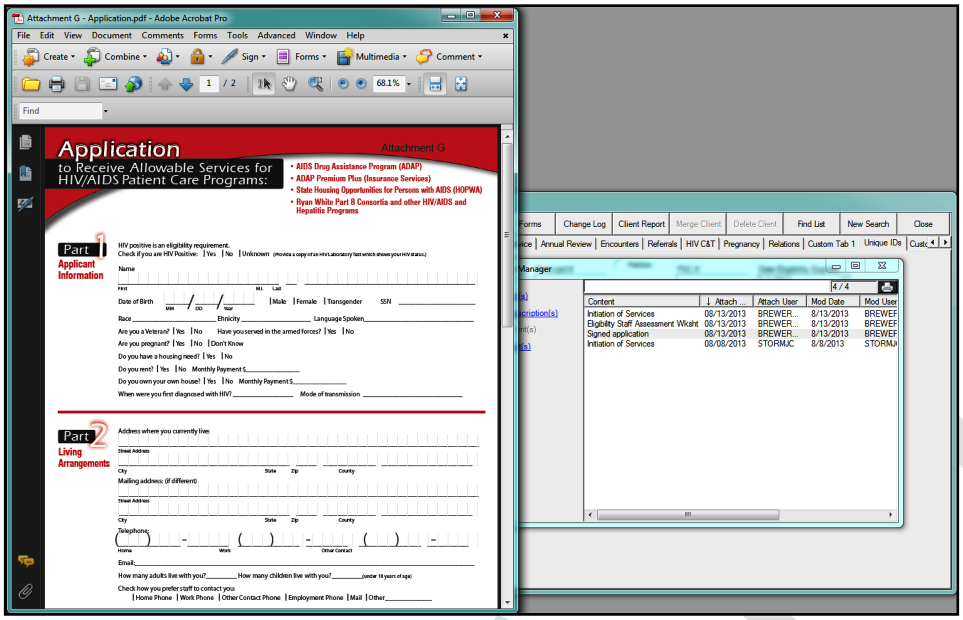


Viewing Attachments

1. To view an attachment, from the **Attachment List Manager** screen, select one of the listed documents. Click **F4 - View Attachment(s)** or press the F4 key.



2. The selected document will appear. In the example below, it is a signed application.



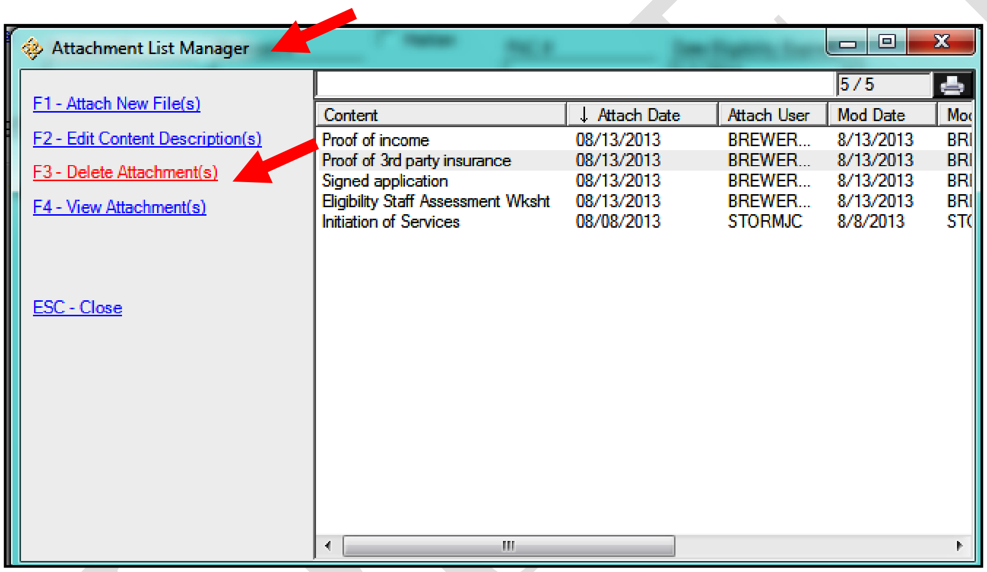
C. Deleting Attachments—for Local Provider CAREWare Administrators ONLY

Documents scanned and saved as attachments under the **Unique IDs** tab should not be deleted, except under the following circumstances:

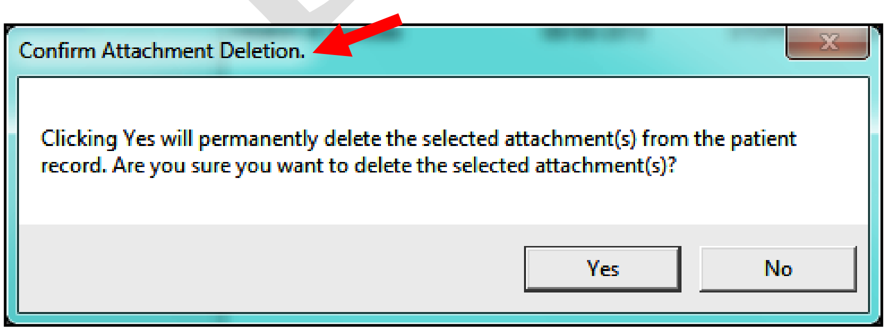
- The document is scanned under the wrong client's name.
- The wrong type of document was scanned by accident.

Deletion of attachments <u>are not allowed</u> at the user level. Documents needing deletion will require a call to the local CAREWare administrator at each agency or program office. Local CAREWare administrators have access privileges to the Delete function and can assist local staff. For questions on access privileges, contact the Help Desk at (850) 922-7599.

1. Administrators: To delete an attachment, from the **Attachment List Manager** screen, click on the document to be deleted. Click **Delete Attachment(s)** or press the F3 key.



2. A message will appear warning the administrator that clicking **Yes** will permanently delete the selected attachment. Click **Yes** or **No**.



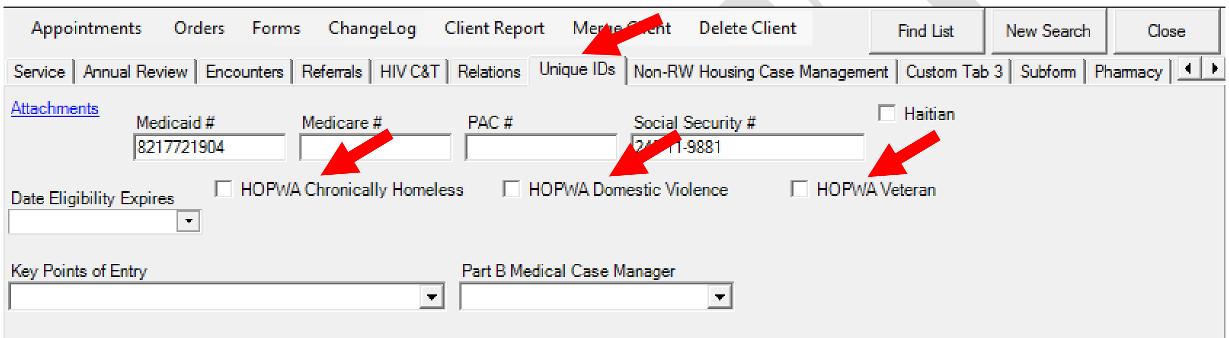
Part 19 – Housing Opportunities for Persons with AIDS

A. Enrolling a New Client

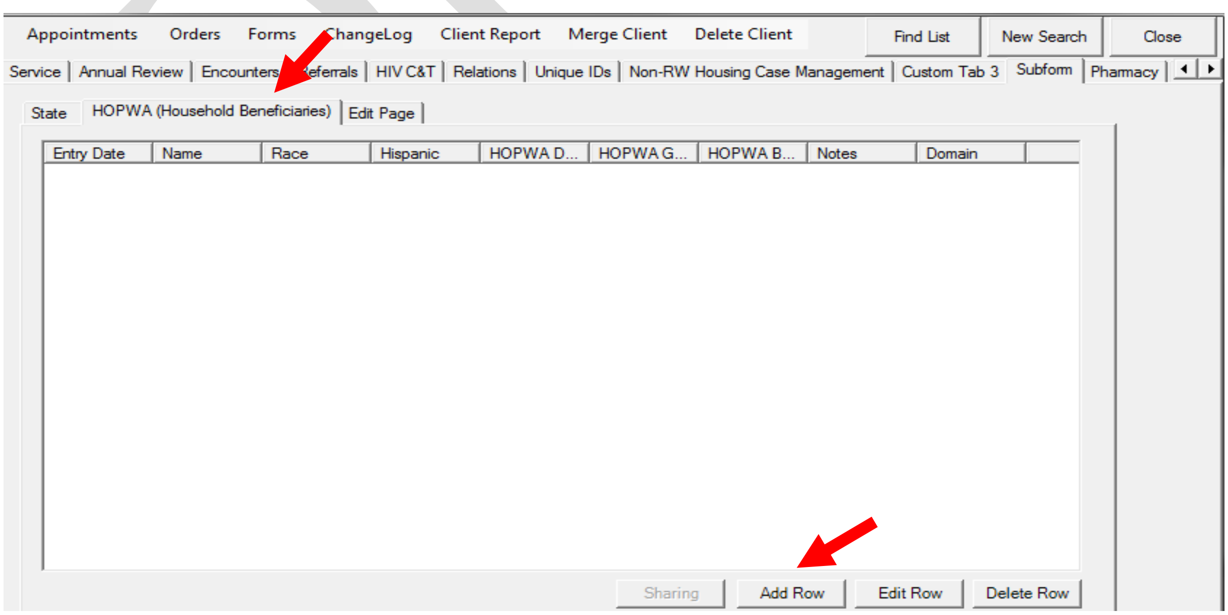
Most Housing Opportunities for Persons with AIDS (HOPWA) clients are already in the system because they are receiving Ryan White services or have received HOPWA services in the past. For new clients, you must ensure the client meets eligibility criteria for enrollment for services as well as meets program eligibility for HOPWA.

For HOPWA only, please ensure that you enter HOPWA data on the following tabs.

1. **Unique ID Tab**: Click on the appropriate boxes as it relates to the client. If not applicable, leave blank. Options are **HOPWA Chronically Homeless**, **HOPWA Domestic Violence,** or **HOPWA Veteran**.

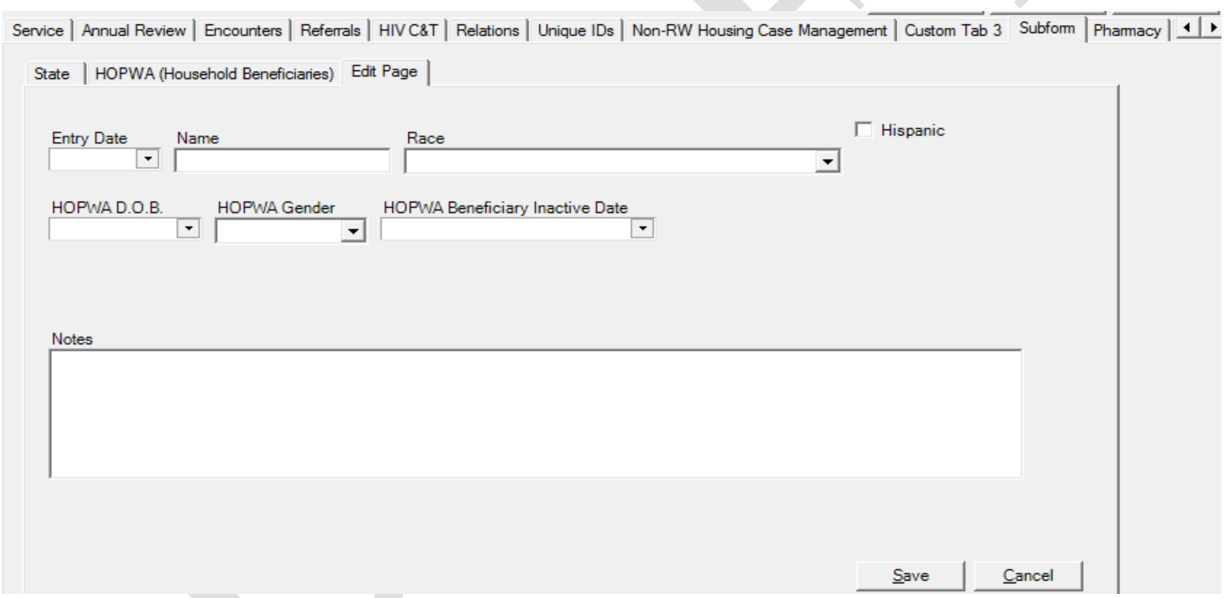


2. Under the **Subform** tab, if the client you are enrolling has beneficiaries, you will enter them under the **HOPWA Household Beneficiaries** tab. <u>All information entered here pertains to the beneficiary</u>, not the client. Click on **Add Row** and add as many rows as there are beneficiaries.



The **Edit Page** tab screen will appear.

a. **Entry Date** is the current date
b. Enter **Name**
c. Select **Race**
d. Check **Hispanic** if client identifies as Hispanic
e. Select **HOPWA D.O.B.** (date of birth)
f. Select **HOPWA Gender**; **Female** or **Male** are the only options available
g. **HOPWA Beneficiary Inactive Date** is used only when you know a beneficiary is no longer considered a beneficiary. The CAREWare system will no longer count the individual as a client beneficiary.
h. Indicate whether beneficiary is HIV positive by clicking the “HIV Positive” box.
i. You may enter **Notes** relevant to the beneficiary in this field.
j. **Save** entries.



B. HOPWA Service Entry

Most HOPWA clients need an enrollment service entered in CAREWare when services are initiated. The core HOPWA services that have enrollment, update and exit services associated with them are:

- **STRMU –** Short term rent, mortgage and utilities assistance paid on a participant’s behalf in order to prevent homelessness as an intervention to help a household maintain their current housing

- **TBRA** – Tenant-based rental assistance is a rental subsidy used to help participants obtain permanent housing in the private housing market that meets housing quality standards and is rent-reasonable
- **Transitional/Short Term Supportive Services** - HOPWA Transitional/Short Term Supportive services are designed to assist clients with transitioning from homelessness to more stable housing. Funds typically pay for hotel and motel stays

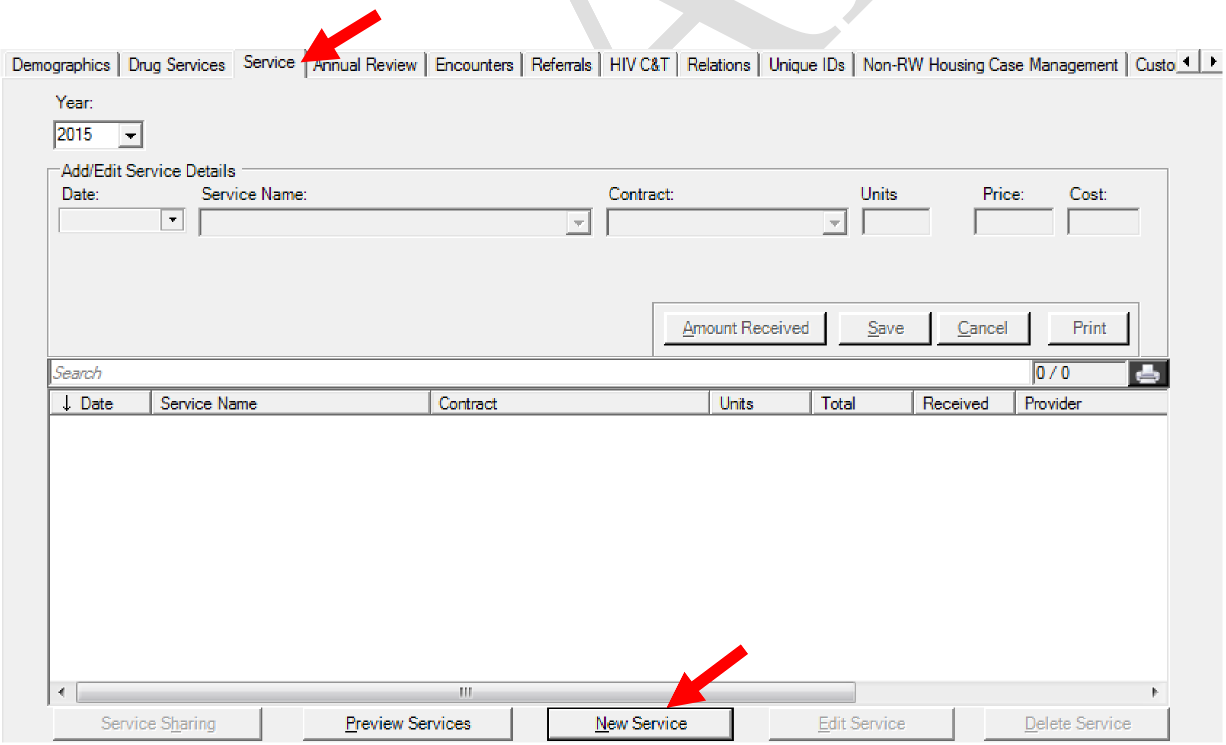
The following **HOPWA Supportive Services** do not require an enrollment, update or exit service in CAREWare.

- Permanent Housing Placement Assistance
- Case Management
- Housing Information Services

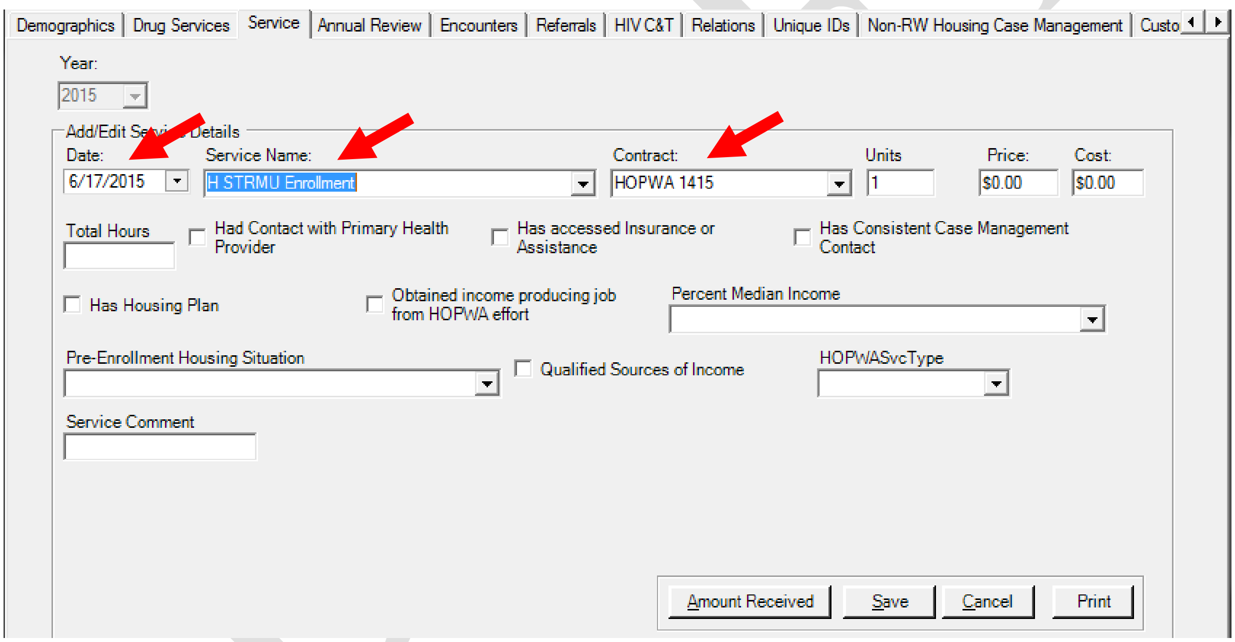
HOPWA STRMU Enrollment

All STRMU clients should receive a STRMU Enrollment Service at the beginning of each fiscal year (July 1st).

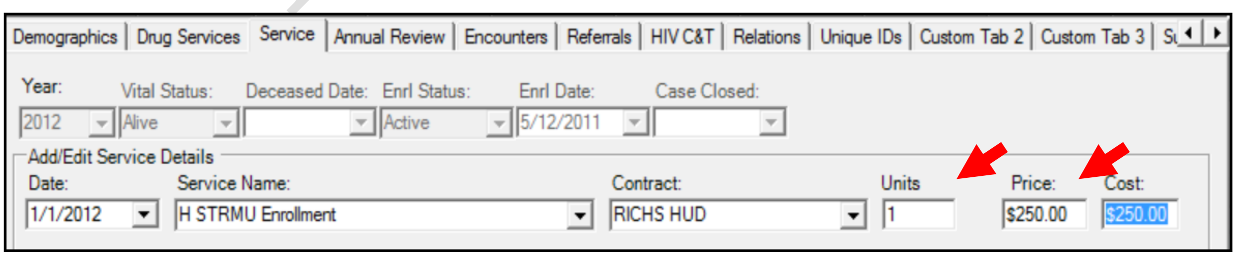
1. From the Service tab, click on the New Service button.



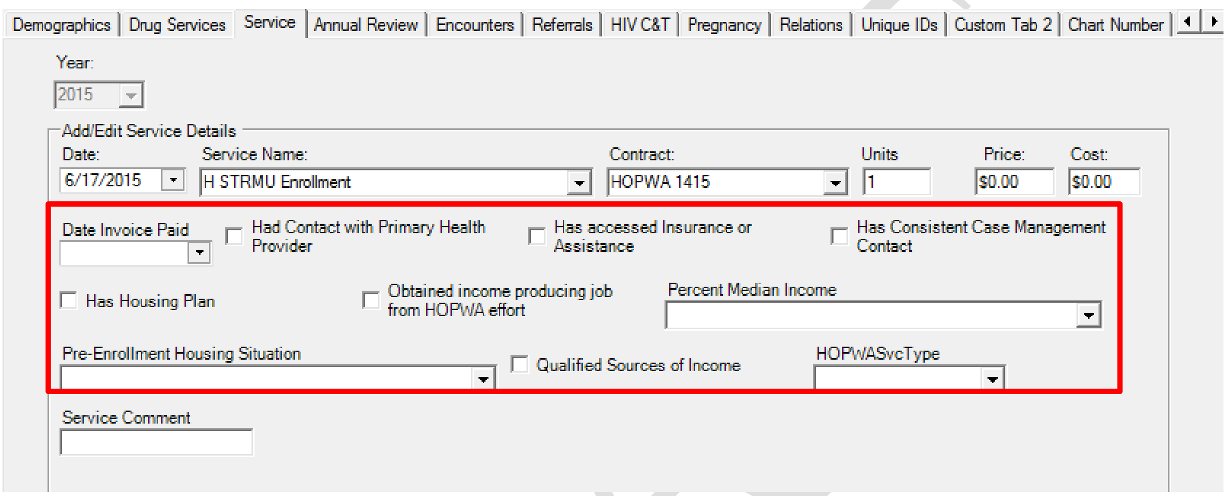
2. On the screen that appears, complete the following:
   a. **Date** authorized by provider; that is, the date service provided to client, which is not always the current date.
   b. **Service Name**:
      i. **H STRMU Enrollment** — this will always be the first entry after the start of new contract year;
      ii. For existing clients that need to be re-enrolled and receive a service on the same day, record the service in the **HOPWASvcType** drop down box
   c. **Contract**; CAREWare will populate this drop down menu automatically with the contracts linked to the service and/or subservice
   d. **Units**; count units as one unit per transaction. For example, if paying 21 days of rent at $250/month, enter 1 unit with a cost of $250.00 (see example below).
   e. **Price**; the price per unit. Cost will automatically calculate from the number of **Units** times the **Cost**.



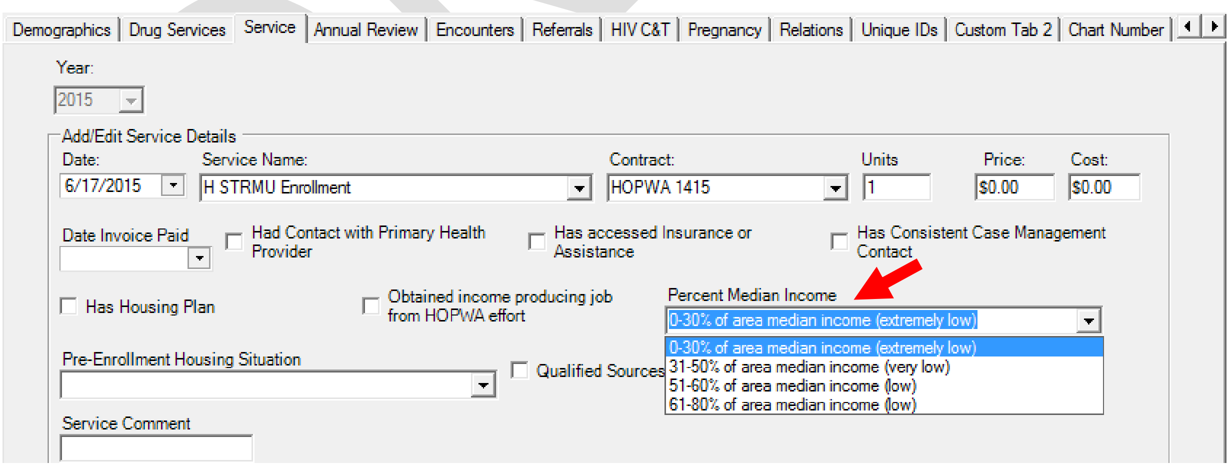
Example:



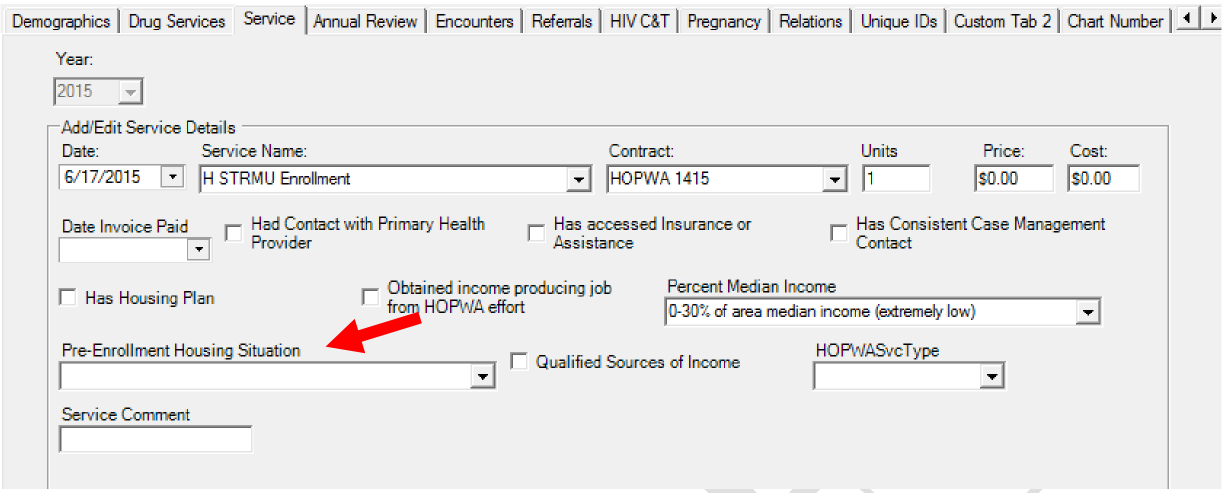
3. Enter assessment information as it relates to the client at the time of enrollment. Click on the following options if they pertain to the client:
   a. **Had Contact with Primary Health Provider**
   b. **Has Housing Plan**; all HOPWA clients must have a housing plan
   c. **Has accessed Insurance or assistance**
   d. **Obtained income producing job from HOPWA effort**
   e. **Has Consistent Case Management Contact**



4. For the **Percent Median Income**; use HOPWA income determination to make appropriate selection

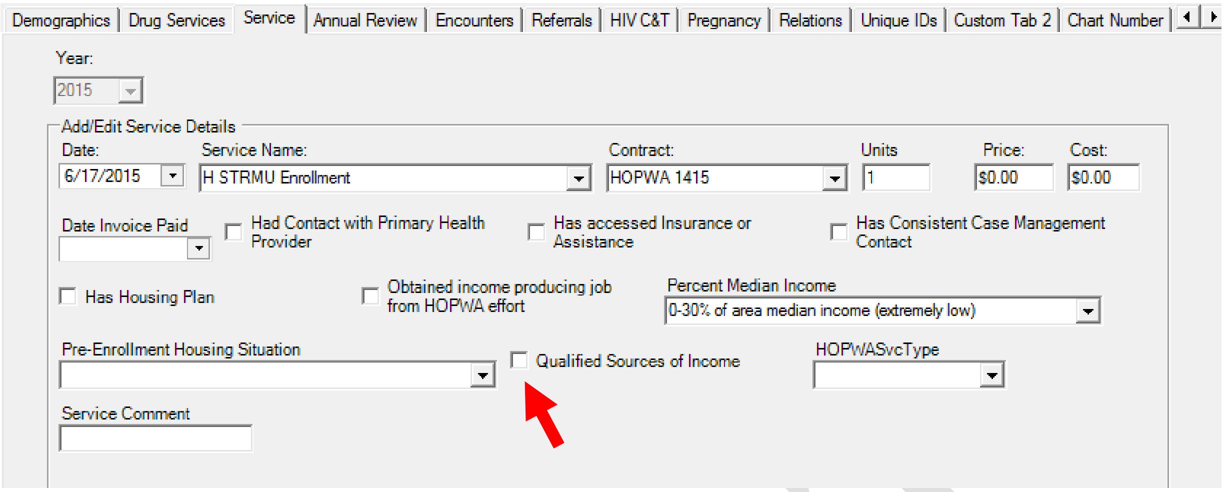


5. **Pre-Enrollment Housing Situation** refers to the client's living situation when s/he presents for HOPWA enrollment services. Make the appropriate selection from drop-down menu. Refer to [Appendix C](#) for definitions.

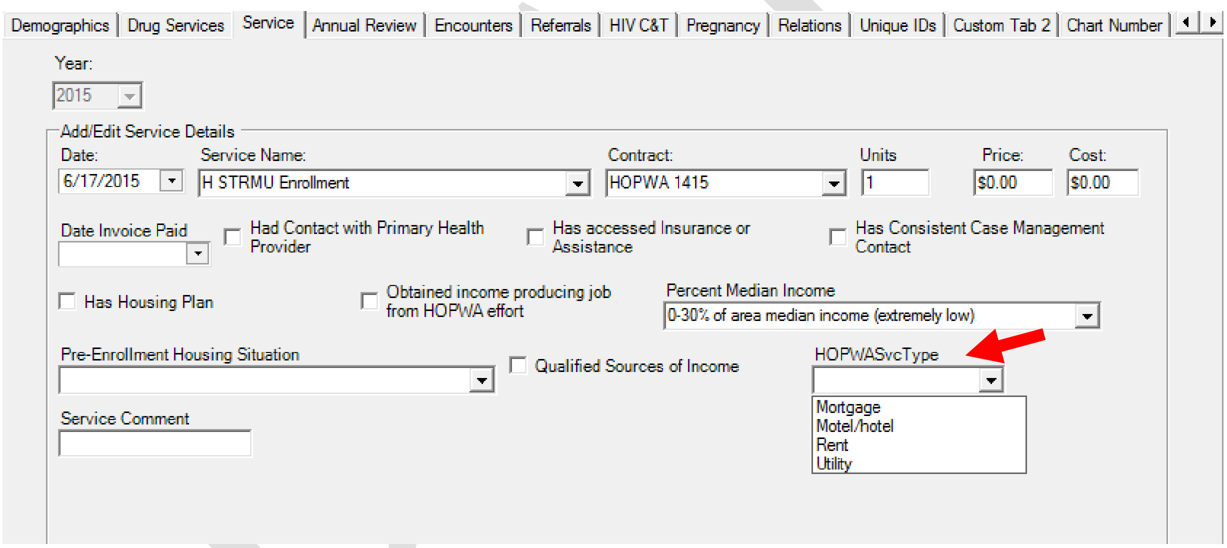


6. Check the **Qualified Sources of Income** box if the client has at least one of the following:

- Earned Income
- Veteran's Pension
- Unemployment Insurance
- Pension from Former Job
- Supplemental Security Income (SSI)
- Child Support
- Social Security Disability Income (SSDI)
- Alimony or other Spousal Support
- Veteran's Disability Payment
- Retirement Income from Social Security
- Worker's Compensation
- General Assistance (GA), or use local program name
- Private Disability Insurance
- Temporary Assistance for Needy Families (TANF)
- Other Income Sources



From the **HOPWASvc Type** drop-down menu, choose **Mortgage**, **Rent** or **Utility**, if applicable. If more than one service is rendered at the time of enrollment, enter an Update Service(s) to capture the additional service(s). Refer to instructions below.

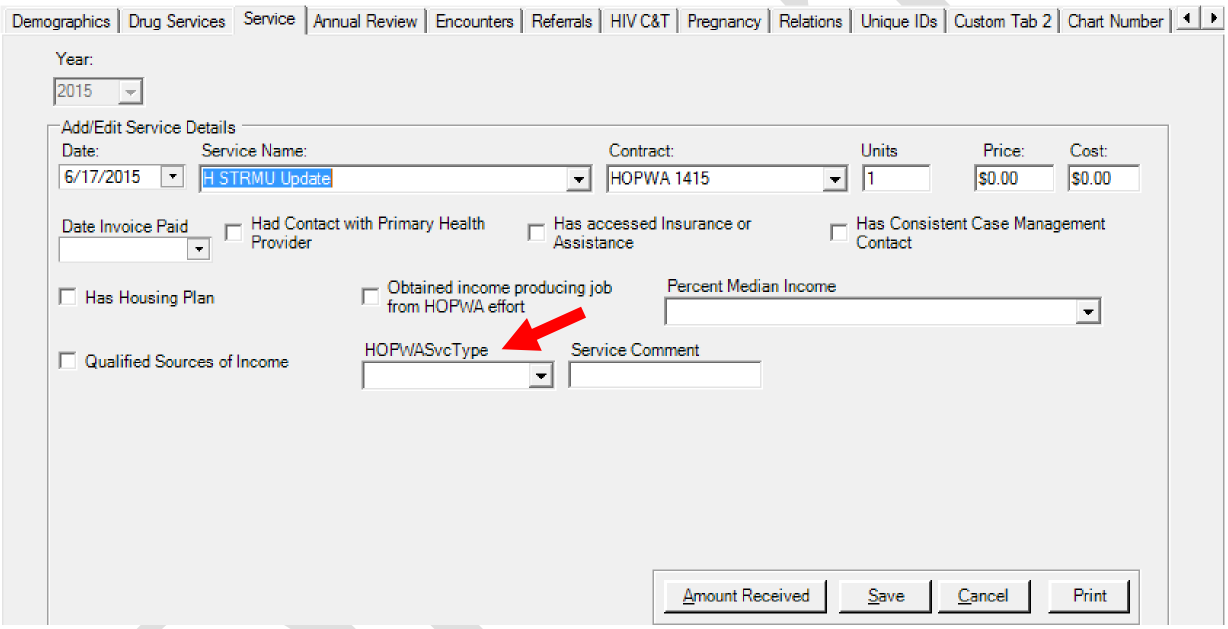


HOPWA STRMU Update

The **H STRMU Update** selection in the **Service Name** field is for all subsequent STRMU services AFTER the enrollment service has been entered. **NOTE:** CAREWare will accept an update service even if there is no enrollment service. Be careful and verify that there is an enrollment service first.

None of the information entered at time of enrollment will carry over; the fields will be blank. If nothing has changed since enrollment, there is no need to make changes to the assessment section.

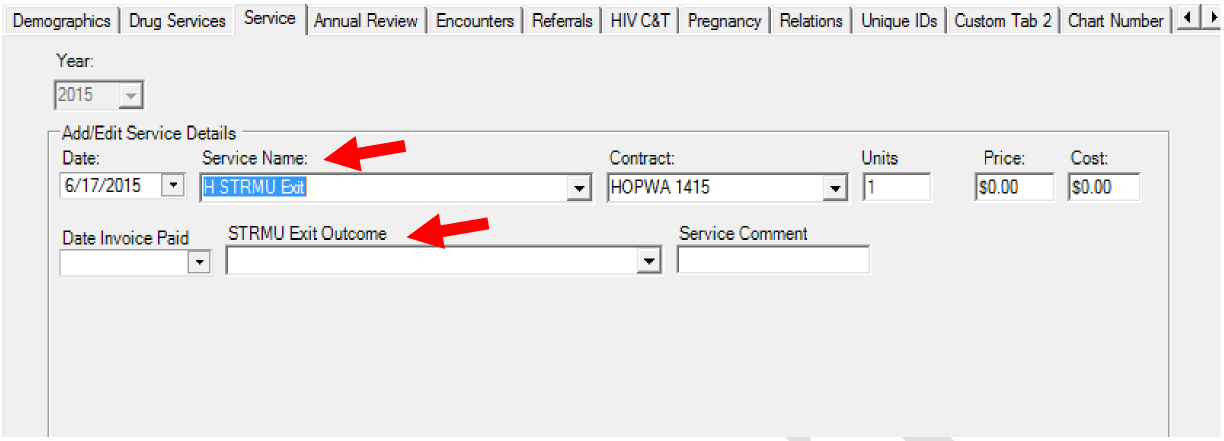
1. Select the **HOPWASvcType** from the drop down menu.
2. Enter the number of **Units**, if applicable. **Price** and **Cost** will automatically calculate if a price was set in the contract.
3. Save the service.



HOPWA STRMU Exit

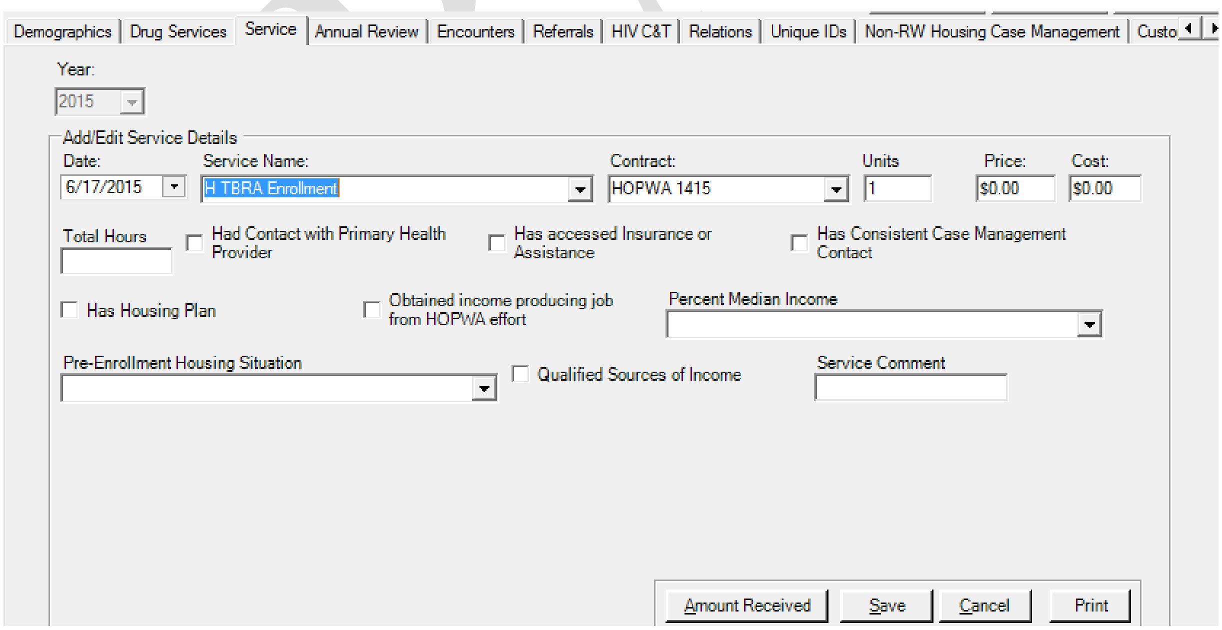
A client should receive an exit service when s/he exits the program or by June 30th of each fiscal year, whichever comes *first*. Examples of reasons for exit include but are not limited to: client goes to jail/prison, dies, is institutionalized, etc. If the fiscal year ends and client still requires additional STRMU assistance, enter an exit service with an **STRMU Exit Outcome** of "Current housing arrangements more STRMU." A new enrollment service would be entered for this client on or after July 1st.

1. Select the **H STRMU Exit** from the drop down menu and enter **Price** information is applicable.
2. Select the appropriate outcome from the **STRMU Exit Outcome** drop down menu. Refer to Appendix C for definitions.
3. Save the service.



HOPWA TRBA Enrollment

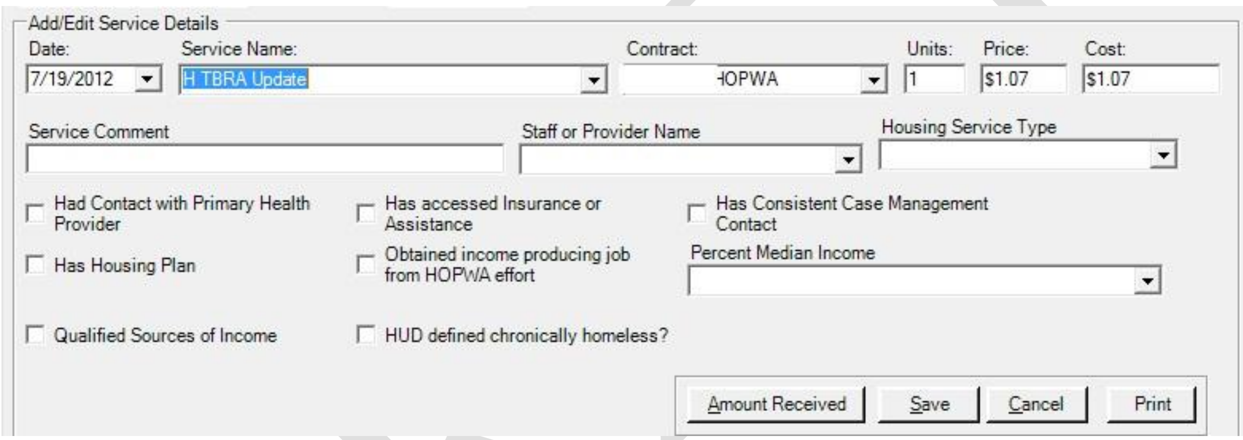
1. Select **H TBRA Enrollment** from the **Service Name** drop down menu.
2. Enter the other pertinent details on the page, i.e. the assessment details, pre-enrollment situation and sources of income. Refer to the instructions on adding a HOPWA STRMU enrollment service, if necessary and Appendix C for definitions.
3. Select the type of service provided from the **HOPWASvcType** drop down menu if another service is rendered on the same day as the enrollment. A TBRA Update service will need to be entered for any additional services rendered on the same day.
4. Save the service.



HOPWA TBRA Update

A TRBA Update service should be recorded for each housing payment made on behalf of a client.

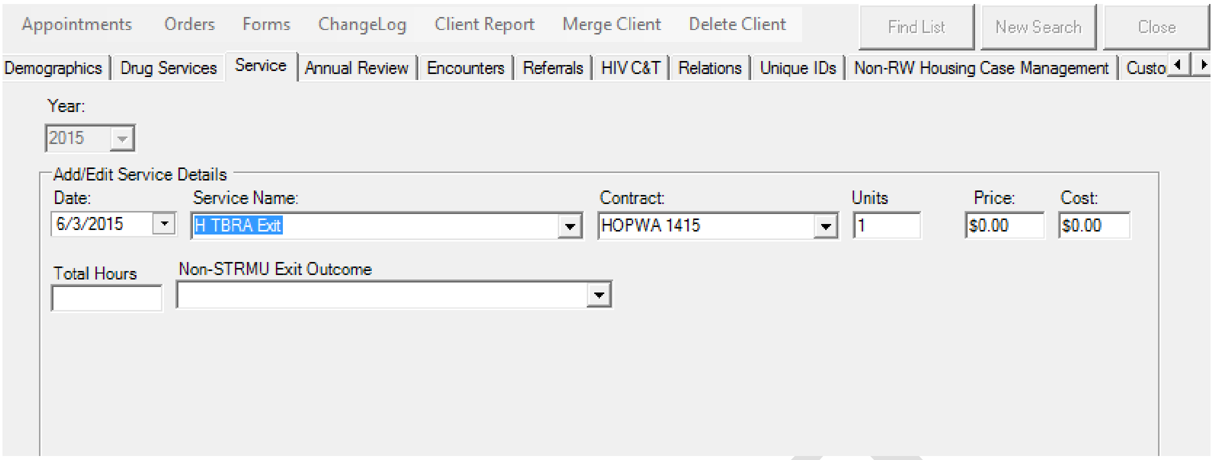
1. Select **H TBRA Update** from the **Service Name** drop down menu and enter the **Price and Contract** information as necessary. There typically should be only one unit provided for each update service.
2. Select the **HOPWASvcType** from the drop down menu.
3. Update assessment information only if the information has changed since the last assist.
4. Save the service.



HOPWA TBRA Exit

HOPWA TBRA clients require an exit only when they have separated from the program. Unlike STRMU clients, they should not be exited at the end of each fiscal year.

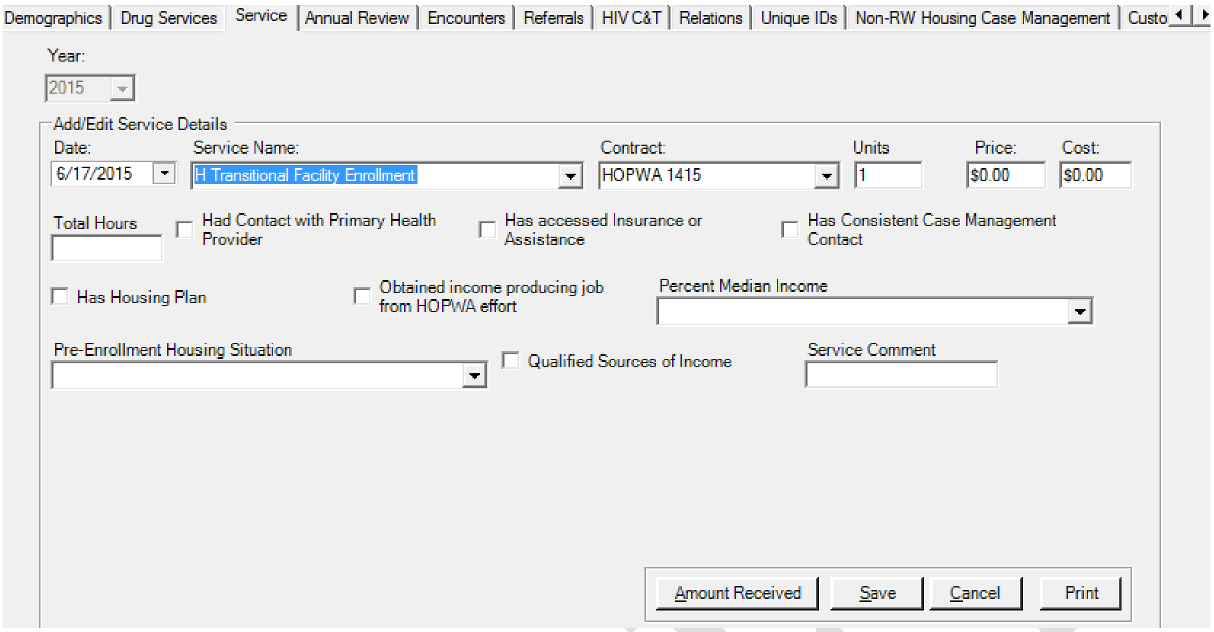
1. Select **H TBRA Exit** from the **Service Name** drop down menu.
2. Select the appropriate exit outcome from the **Non-STRMU Exit Outcome** drop down menu. Refer to Appendix C for definitions.
3. Save the service.



HOPWA Transitional/Short Term Supportive Service Enrollment (TSTS)

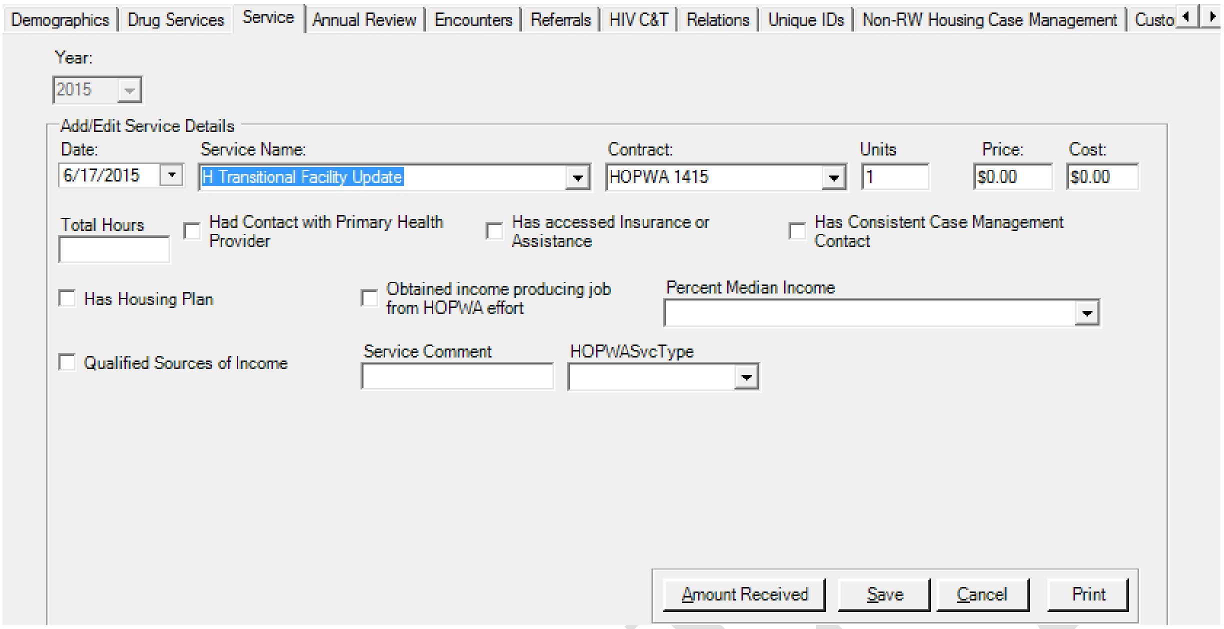
All clients receiving transitional/short term supportive services should have a TSTS Enrollment Service at the beginning of each fiscal year (July 1st).

1. From the Service tab, click on the New Service button.
2. Select **H Transitional Facility Enrollment** from the **Service Name** drop down menu.
3. Enter the other pertinent details on the page, i.e. the assessment details, pre-enrollment situation and sources of income. Refer to the instructions on adding a HOPWA STRMU enrollment service, if necessary, and Appendix C for definitions.
4. Select the type of service provided from the **HOPWASvcType** drop down menu if another service is rendered on the same day as the enrollment. An **H Transitional Facility Update** service will need to be entered for any additional services rendered on the same day.
5. Select **Hotel/Motel** from the **HOPWASvcType** drop down box.
6. Save the service.



HOPWA Transitional/Short Term Supportive Service Update (TSTS)

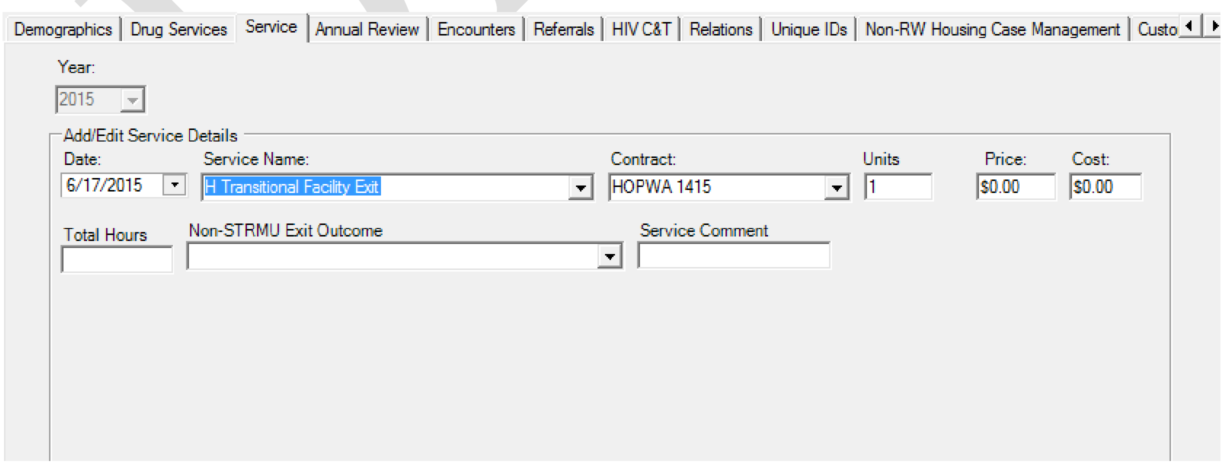
1. Select **H Transitional Facility Update** from the Service Name drop down menu and enter the **Price and Contract** information as necessary. There typically should be only one unit provided for each update service.
2. Select the **HOPWASvcType** from the drop down menu.
3. Update assessment information only if the information has changed since the last assist.
4. Save the service.



HOPWA Transitional/Short Term Supportive Service Exit (TSTS)

A client should receive a TSTS exit service when s/he exits the program or by June 30th of each fiscal year, whichever comes *first*. Examples of reasons for exit include but are not limited to: client goes to jail/prison for a long period of time, dies, is institutionalized, etc.

1. Select the **H Transitional Facility Exit** from the drop down menu and enter Price information is applicable.
2. Select the appropriate outcome from the **Non-STRMU Exit Outcome** drop down menu.
3. Save the service.



Entering HOPWA Supportive Services

1. Permanent Housing Placement Assistance
    a. On the Service Tab, enter the **Date** of service
    b. Using the **Service Name** drop down menu select **HOPWA Permanent Housing Placement Svc**
    c. Enter the type of service rendered from the **HOPWASrvType** dropdown menu
    d. If necessary, enter a comment in the **Service Comment** box

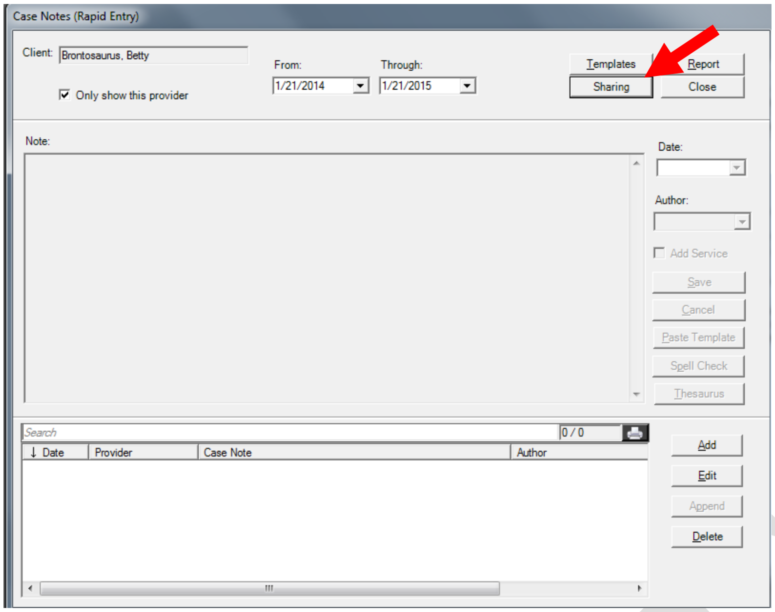
2. Case Management
    a. On the Service Tab, enter the **Date** of service
    b. Using the **Service Name** drop down menu select **HOPWA Case Management**
    c. If necessary, enter a comment in the **Service Comment** box

3. Housing Information Services
    a. On the Service Tab, enter the **Date** of service
    b. Using the **Service Name** drop down menu select **HOPWA Housing Information Svc**
    c. If necessary, enter a comment in the **Service Comment** box

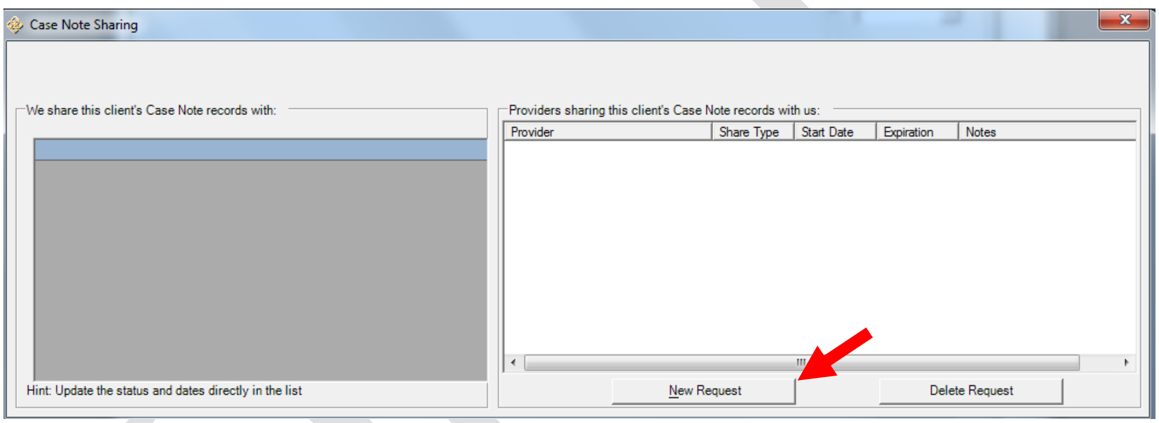
Part 20 – Sharing

Sharing data (Case Notes, Services, Encounters)
The sharing of certain client data points is available to those agencies that would like to participate. In order to activate sharing, a senior member of the agency must put in a Help Desk ticket. After requesting that sharing be turned on, the agency must identify those individuals who should be given the ability to grant/deny and request share requests for their agency. IMPORTANT NOTE: If sharing is requested from Agency A and granted by Agency B, that does not mean Agency B can automatically see Agency A's data on the same client. Agency B would have to go through the same process of requesting sharing and Agency A would need to grant those requests in order for Agency B to see Agency A's information.

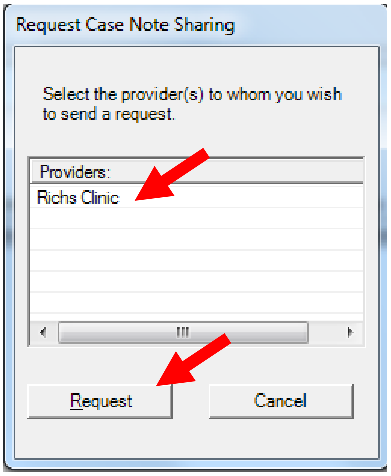
To request sharing of Case Notes data select the **Sharing** button.



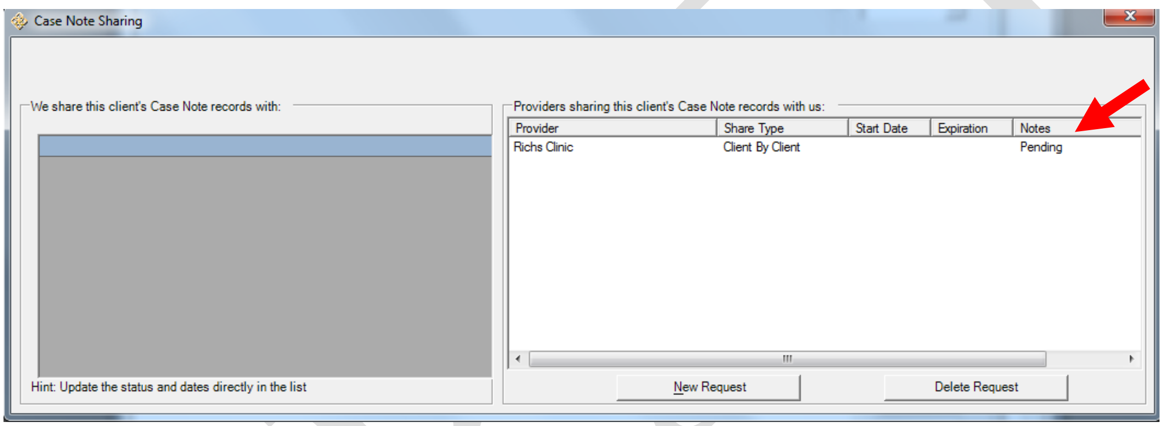
Click **New Request**



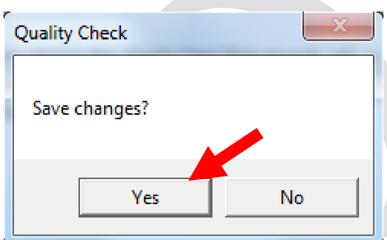
The **Request Case Note Sharing** tab will list all the other agencies that have the client you are requesting to share. Click on the agency and hit **Request**.



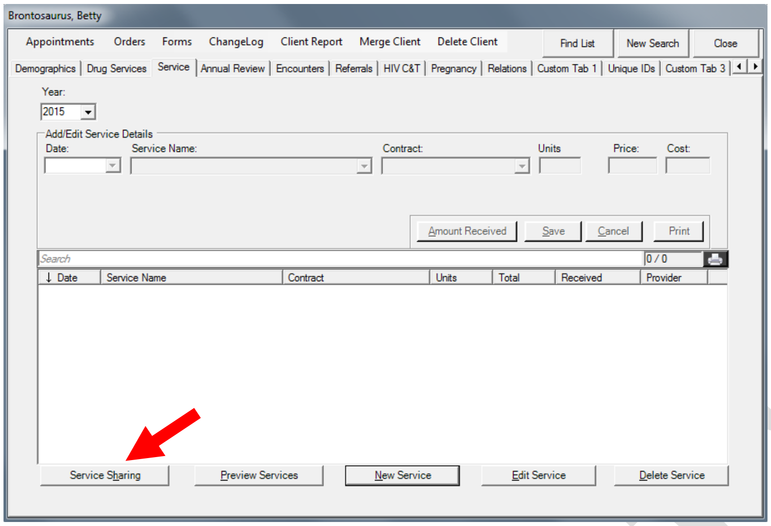
You will now see a “Pending” request on the **Case Note Sharing** screen.



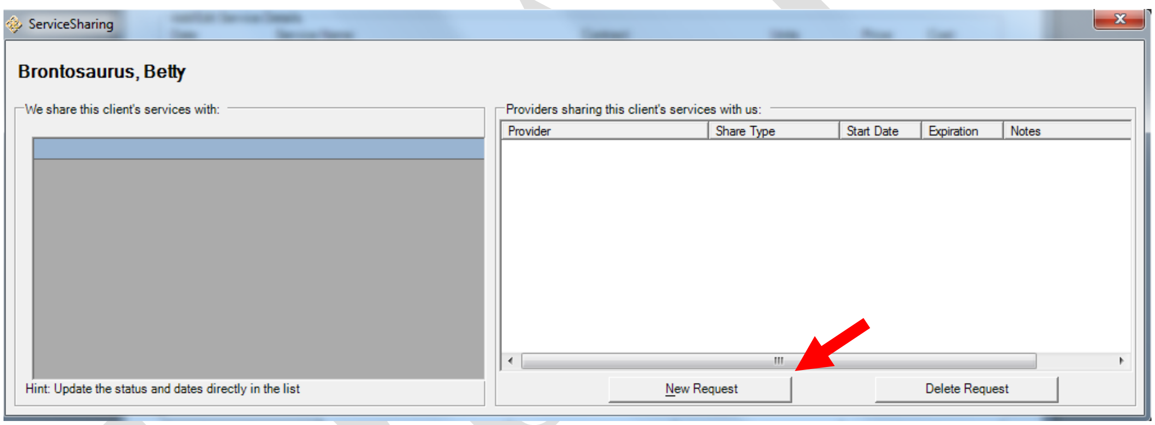
Upon closing the Case Note Sharing screen click **Yes** to Save changes.



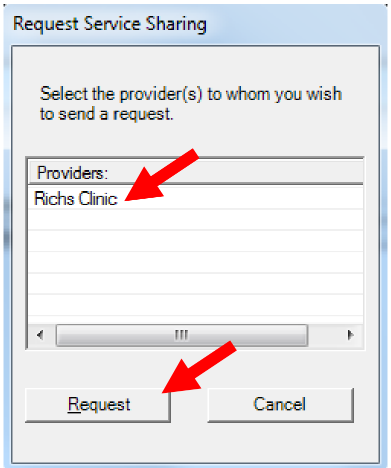
To request sharing of Service information select the **Service Sharing** button.



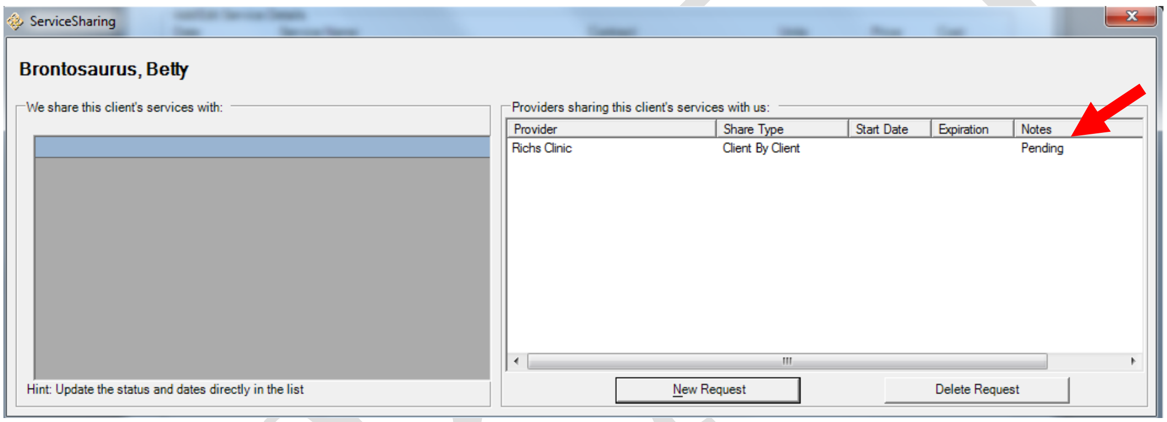
Click **New Request**.



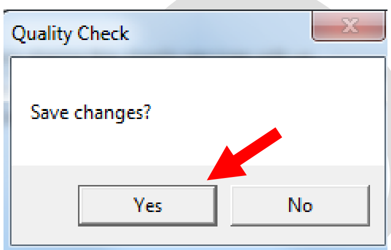
The **Request Service Sharing** tab will list all the other agencies that have the client you are requesting to share. Click on the agency and hit **Request**.



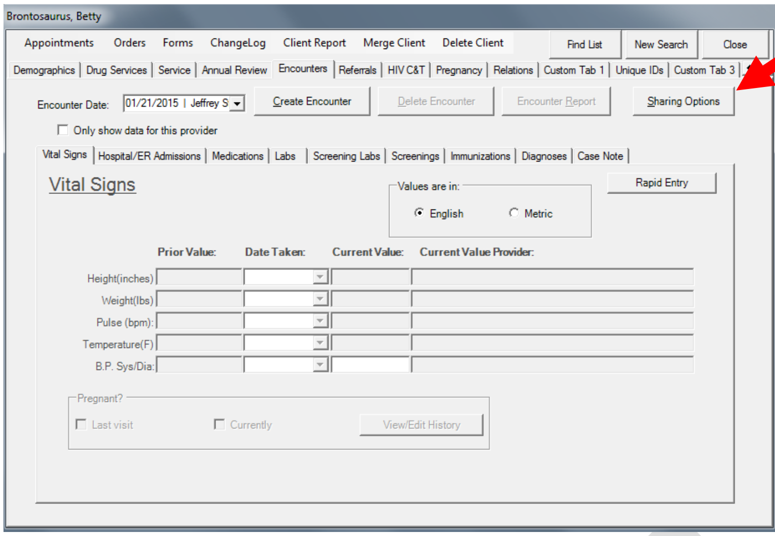
You will now see a "Pending" request on the **Service Sharing** screen.



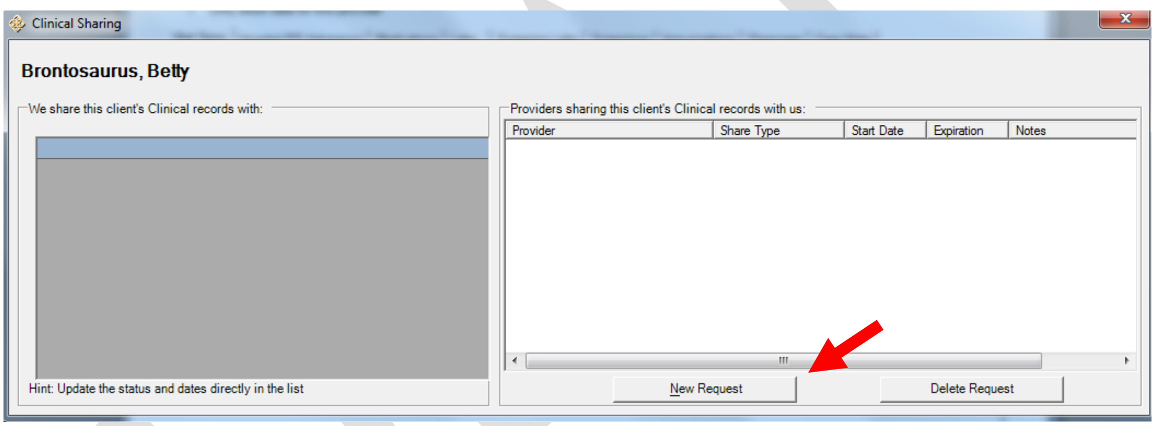
Upon closing the Service Sharing screen click **Yes** to Save changes.



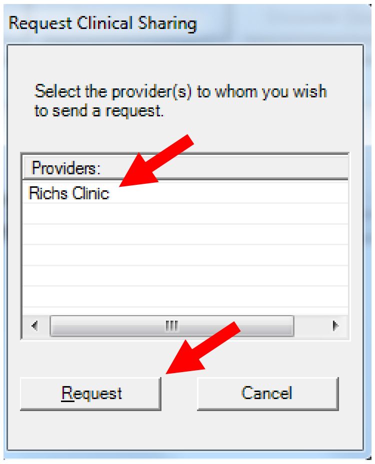
To request sharing of **Encounters** data select the **Sharing Options** button.



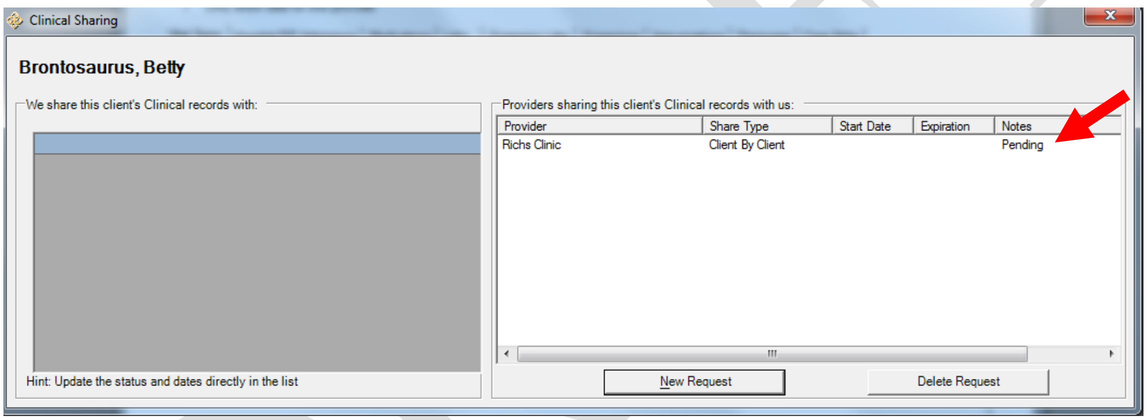
Click **New Request**



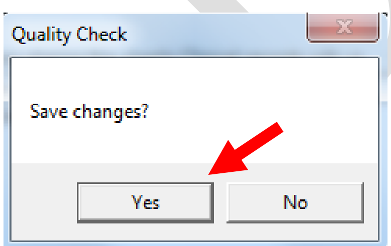
The **Request Clinical Sharing** tab will list all the other agencies that have the client you are requesting to share. Click on the agency and hit Request.



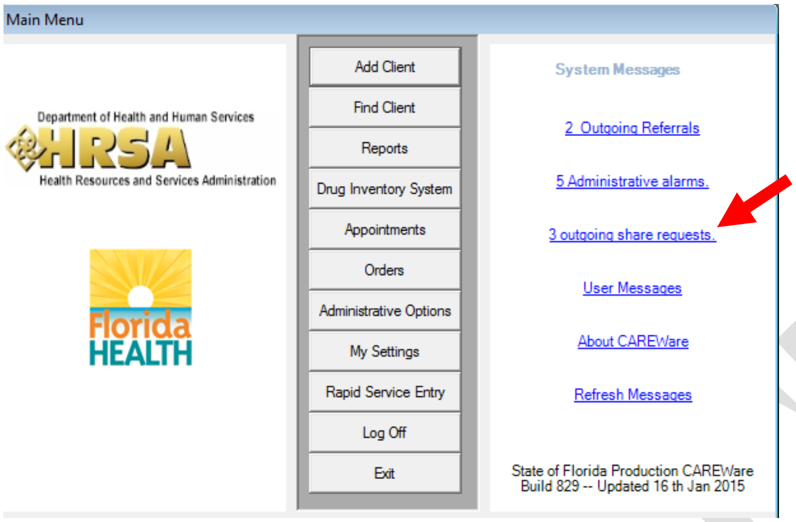
You will now see a “Pending” request on the **Clinical Sharing** screen.



Upon closing the Clinical Sharing screen click **Yes** to Save changes.



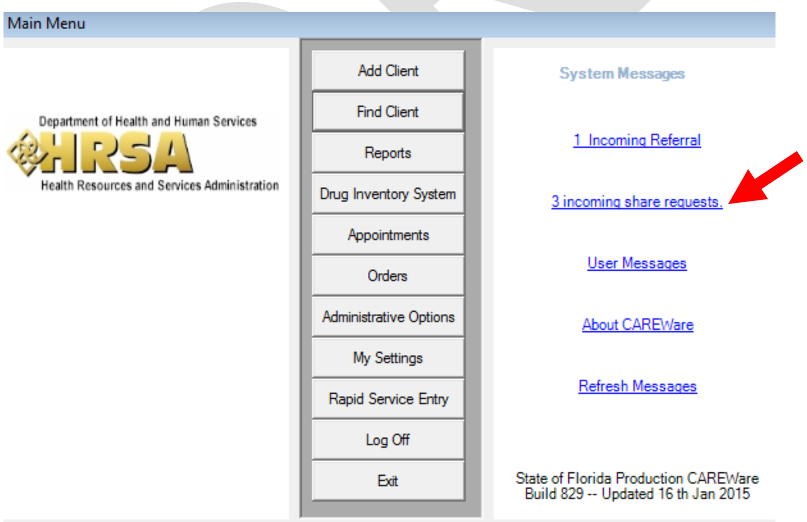
On the main menu, you will now see outgoing share requests. Since sharing on Case Notes, Services and Encounters was requested from Rich's Clinic for the client Betty Brontosaurus, you see **3 outgoing share requests**. Share requests are counted by tab, not by client.



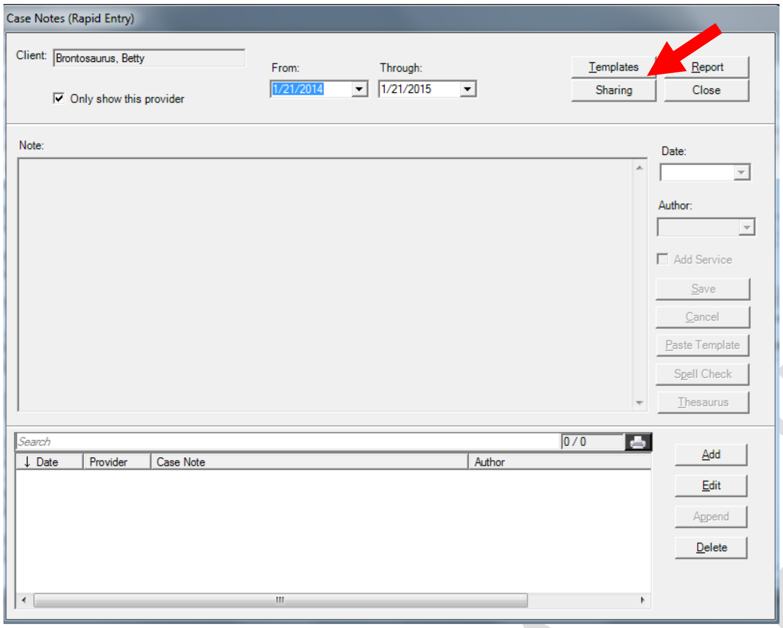
Granting/Denying share requests

The agency you requested the sharing of data from will see incoming requests. Again, due to the fact that sharing on Case Notes, Services and Encounters was requested from Rich's Clinic for the client Betty Brontosaurus, you see **3 incoming share requests**. Share requests are counted by tab, not by client.

Each agency is responsible for selecting staff members to approve/deny share requests they receive. An agency may change a Granted share request to Denied at any time, and vice versa. That Denied/Granted status goes into effect immediately.

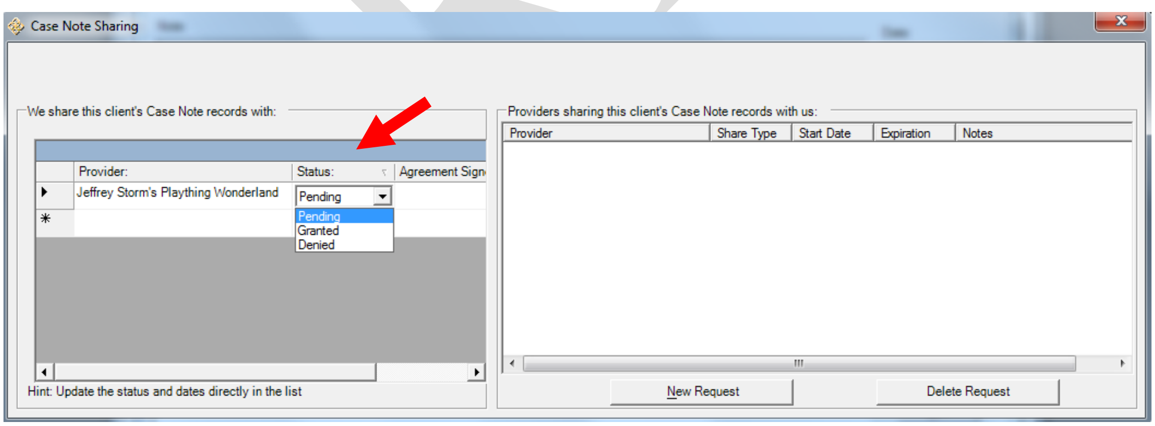


To grant/deny sharing of Case Notes data select the **Sharing** button.

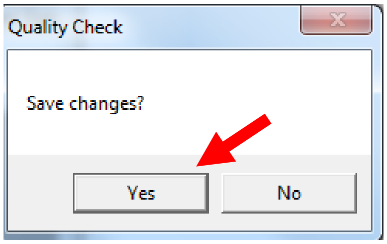


The **Case Note Sharing** tab will show all the other agencies that are requesting sharing from your agency.

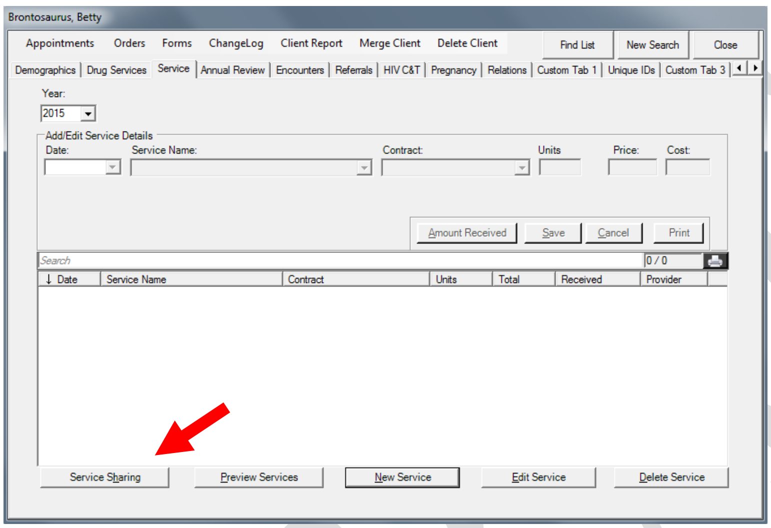
Select either **Granted** or **Denied** in the **Status** drop down box. By choosing **Granted**, the other agency will be able to see your client's case notes. Choosing **Denied** results in the other agency not being able to see your case notes. Note, while in **Pending** status the other agency will not be able to see your case notes.



Upon closing the Case Note Sharing screen click **Yes** to Save changes.

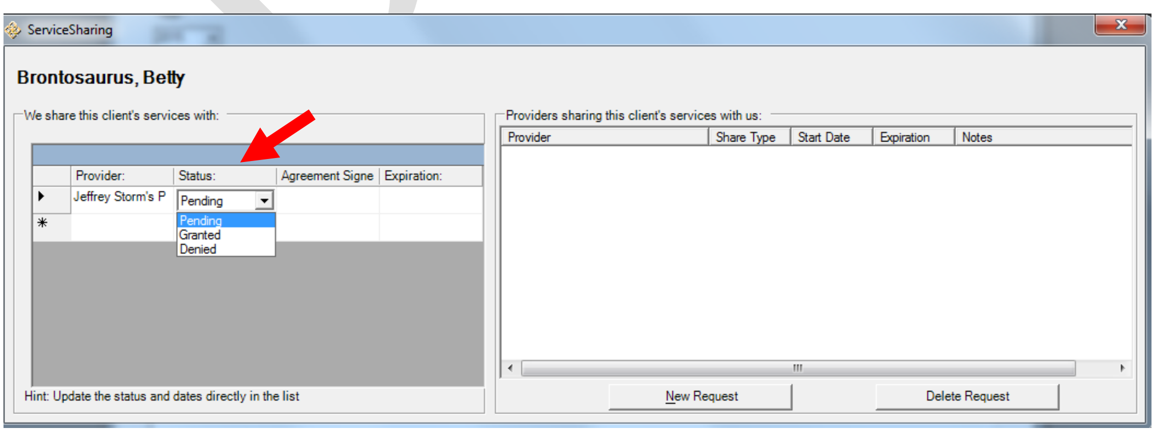


To grant/deny sharing of **Service** data select the **Service Sharing** button.

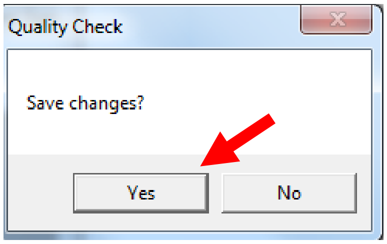


The **Service Sharing** tab will show all the other agencies that are requesting sharing from your agency.

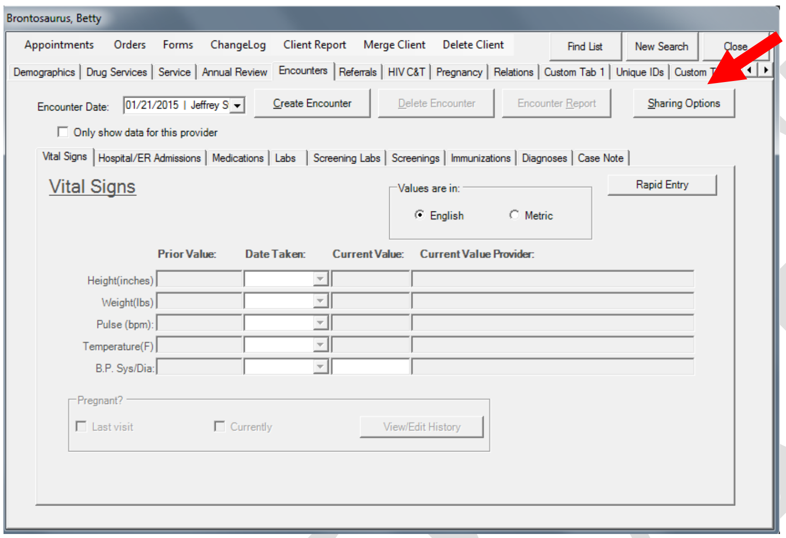
Select either **Granted** or **Denied** in the **Status** drop down box. By choosing **Granted**, the other agency will be able to see your client's case notes. Choosing **Denied** results in the other agency not being able to see your services. Note, while in **Pending** status the other agency will not be able to see your services.



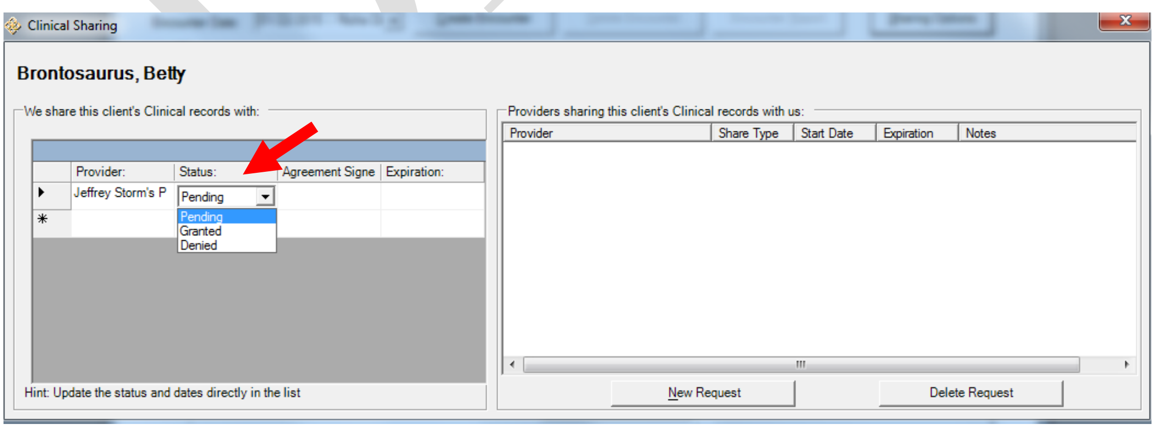
Upon closing the Service Sharing screen click **Yes** to Save changes.



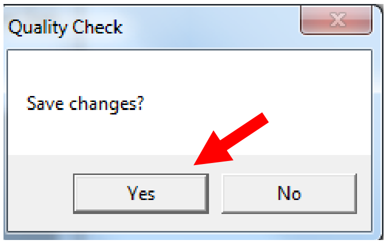
To grant/deny sharing of **Encounters** data select the **Sharing Options** button.



The **Clinical Sharing** tab will show all the other agencies that are requesting sharing from your agency.
Select either **Granted** or **Denied** in the **Status** drop down box. By choosing **Granted**, the other agency will be able to see your client's clinical information. Choosing **Denied** results in the other agency not being able to see your clinical information. Note, while in **Pending** Status the other agency will not be able to see your clinical information.

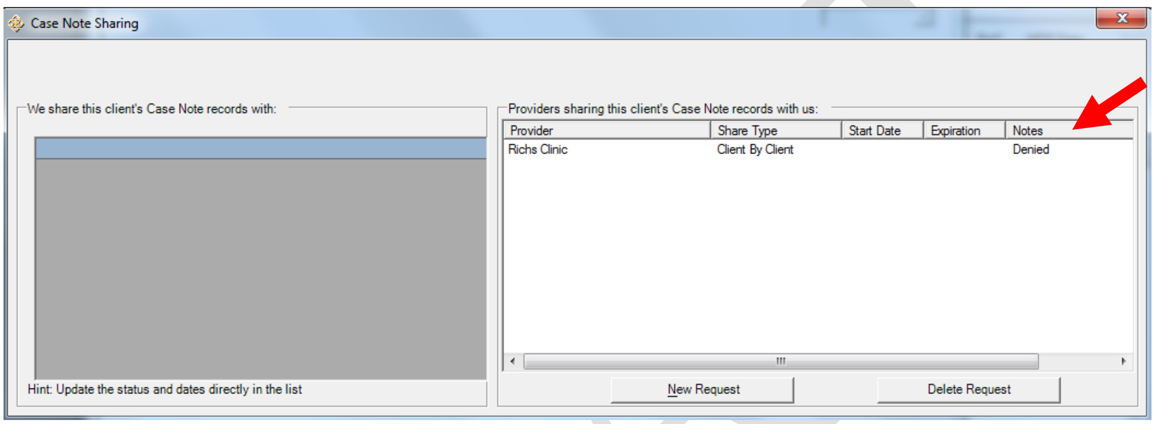


Upon closing the Clinical Sharing screen click **Yes** to Save changes.

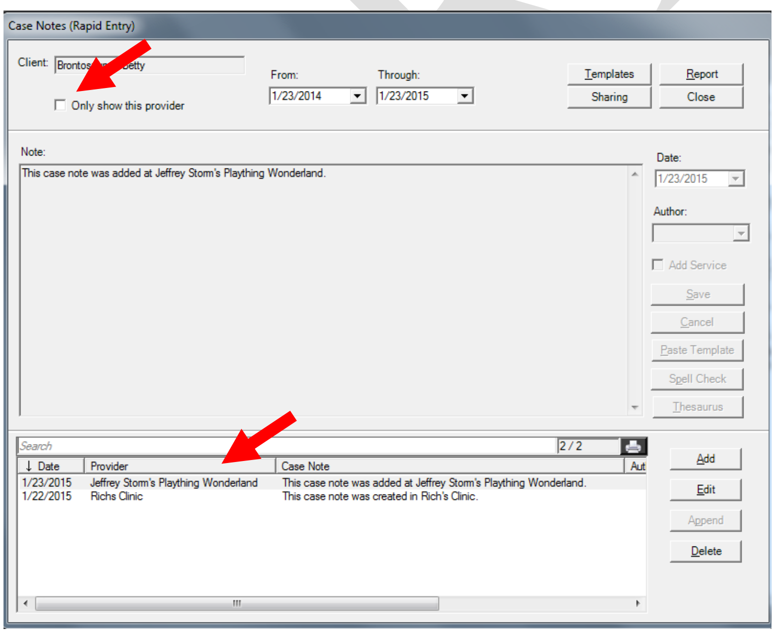


Viewing sharing data

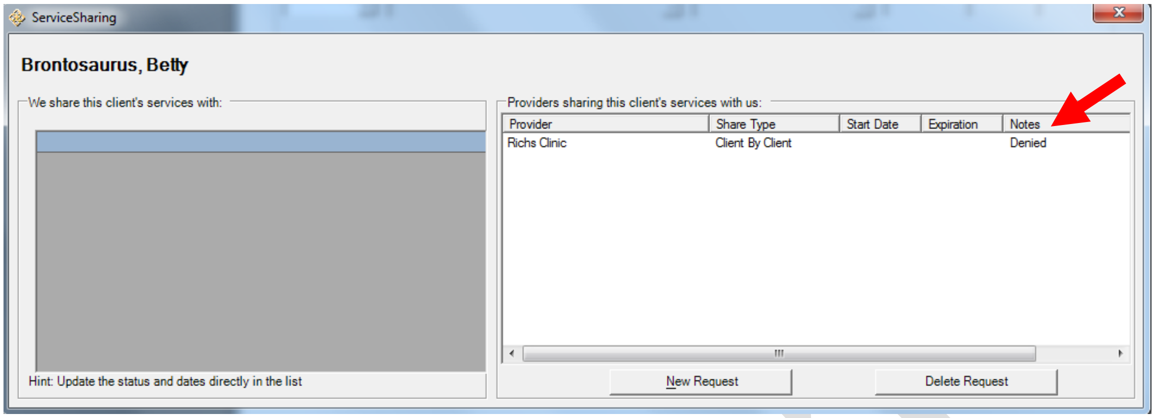
If **Case Note Sharing** is not approved, Denied will be listed in the Notes column.



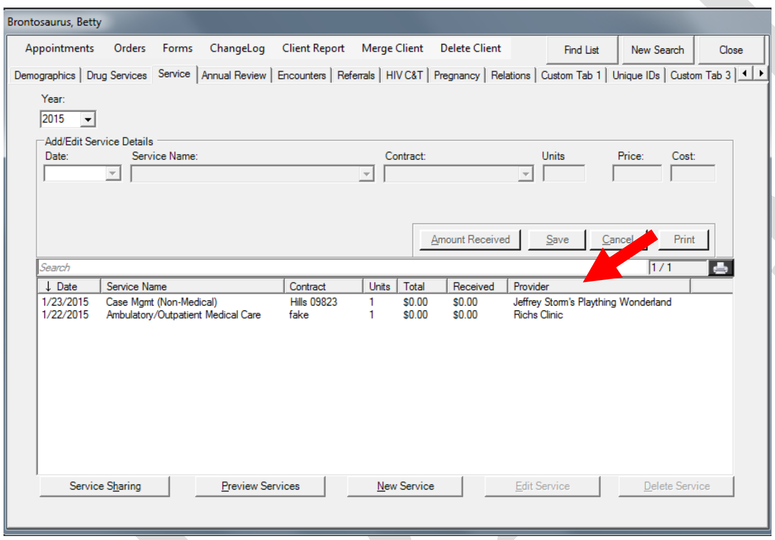
if Case Notes Sharing is approved, after unchecking **Only show this provider**, case notes will be visible from the agency that approved sharing. Note, you will not be able to edit nor delete the case notes from the other agency.



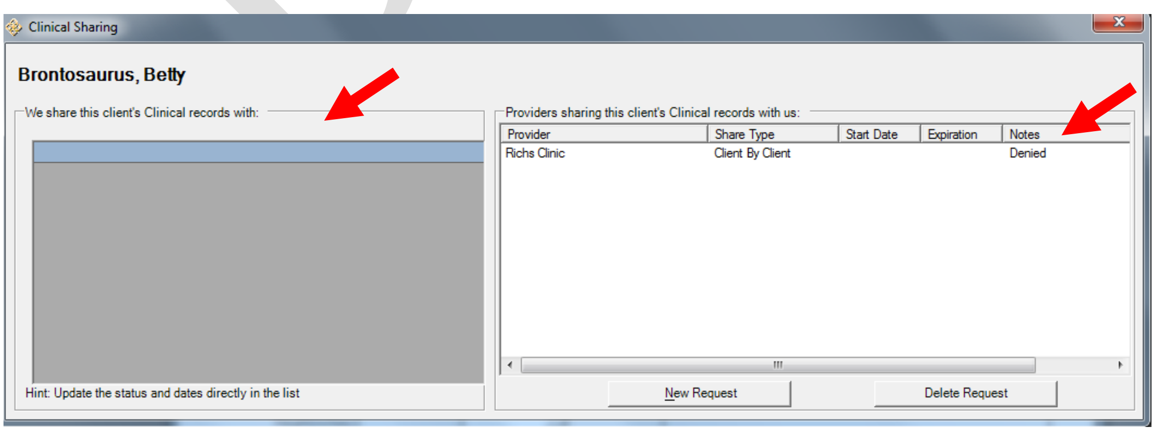
If **Service Sharing** is not approved, Denied will be listed in the Notes column.



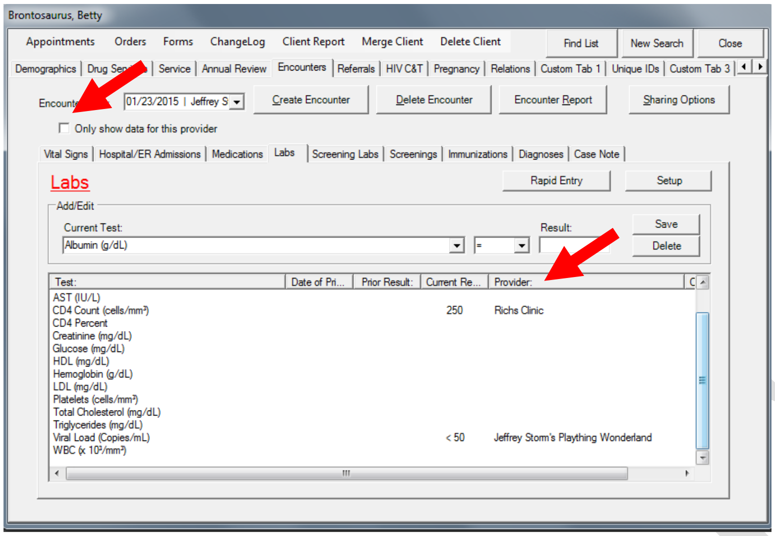
If Service Sharing is approved, services will be visible from the agency that approved sharing. Note, you will not be able to edit nor delete the services from the other agency.



If **Clinical Sharing** is not approved, Denied will be listed in the Notes column.



If **Encounters** Sharing is approved, after unchecking **Only show data for this provider**, Encounters' data will be visible from the agency that approved sharing. Note, you will not be able to edit nor delete the Encounters' data from the other agency.



Chapter IV – Data Confidentiality/Requirements

Background – There is no higher priority than maintaining the security of our client's protected health information. Making sure to use secure methods of communication is a mandate, not a request. If at any time you are unsure of whether or not a method of communication is considered secure, contact the Help Desk at 850-922-7599 and put in a Help Desk ticket (making sure to have the operator assign it to the CAREWare Team) and we will assist you. The same is true if you are uncertain if particular data elements are considered confidential. Again, contact the Help Desk at 850-922-7599 and put in a Help Desk ticket (making sure to have the operator assign it to the CAREWare Team) "requesting assistance with a security issue." Do not give the Help Desk operator the specific data values you have questions about for the Help Desk data system is not a secure database. Additionally, this chapter includes details concerning what is the information expected to be inputted for clients added to CAREWare.

Part 21 – Appendix A. Confidential CAREWare Client Identifiers

The following identifiers of an individual, or of relatives, employers or household members of an individual, are considered confidential for the purposes of the sharing of CAREWare data. **You cannot share any of these identifiers electronically unless the electronic transmission is encrypted**. This list is not exhaustive; please contact the Help Desk at 850-922-7599 and ask for a member of the CAREWare Team to return your call if you have any questions. If you must make a change to a client's record, inform the Help Desk operator that you need client data changed. Do not give any of the fields identified below to the Help Desk operators when calling in a ticket. If you work for a private agency, contact the Help Desk at 850-922-7599 and ask to have a MOVEit account set up with the CAREWare Team.

CAREWare Data Fields

Information in the DEMOGRAPHICS TAB

- Legal First Name
- Any alias or nickname
- Middle Name
- Legal Last name
- Date of Birth (except year; and all ages over 89 and all elements of dates [including year] indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older)
- Address
- City
- Zip Code
- County
- Phone Number
- HIV+ Date (except year)
- AIDS Date (except year)
- Deceased Date (except year)
- Enrl Date (except year)

Information in the SERVICE TAB

- Service Details
  - Date (except year)

Information in the ENCOUNTERS TAB

1. Vital Signs Sub-Tab

   - Estimated Conception Date (except year)
   - Prenatal Begin Date (except year)
   - Delivery/Outcome Date (except year)

2. Medications Sub-Tab

   - Every time medication is prescribed complete as applicable: Start, Stop, Correct Data Error, or Change Dose (except year)

3. Labs Sub-Tab

   - Test Date (except year)

4. Screening Labs Sub-Tab

   - Test Date (except year)

5. Screening Sub-Tab

   - Test Date (except year)
   - Action Date (except year)
   - Annual TB Screening Date (except year)
   - Pap (except year)

6. Immunizations Sub-Tab

   - Hep B, Date of Shots (except year)
   - Hep C, Date of Shots (except year)

Information in the UNIQUE ID TAB

- **Do not e-mail any scanned document <u>unencrypted</u>**
- Medicaid #
- Medicare #
- PAC #
- Social Security #
- Date eligibility expires (except year)

Required Information in the FORMS TAB

- Eligibility Staff Assessment Worksheet
- Insurance Waiver Form
- Notice of Eligibility or Ineligibility
- Six Month Recertification

Protected Health Information, as per 45 CFR 164.514

- Names
- All geographic subdivisions smaller than a State, including street address, city, county, precinct and zip code
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record number
- Unique Record Number (URNs)
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic or code

Part 22 – Appendix B. CAREWare Data Entry Requirements

Purpose

The purpose of this attachment is to identify the information that must be captured and entered into CAREWare. Providers should ensure patient care services paid for by Ryan White Part B, Patient Care Network, and General Revenue are entered into the CAREWare system for reporting purposes. In addition, this attachment provides information on how the collected data must be entered to ensure data consistency and integrity.

Please see the Florida HIV/AIDS Eligibility Procedures Manual for eligibility requirements. HOPWA CAREWare data entry requirements are provided in a separate document.

Yellow highlighted data is mandated due to HRSA RSR and/or

HRSA performance measure requirements. The remaining information is required due to HIV/AIDS Section business needs.

Required Information in the DEMOGRAPHICS TAB

Demographic information must be collected for **all** eligible clients seeking patient care services by the person determining eligibility, regardless of whether or not the client actually receives a service. Demographic information must include the following, at a minimum:

1. Legal First Name (any alias or nickname belongs in Common Notes)
2. Middle Name (if applicable)
3. Legal Last name
4. Gender (including Transgender subgroup)
5. Date of Birth (mm/dd/yyyy)
6. Sex at Birth
7. Street Address
8. City
9. State
10. Zip Code
11. County
12. Phone Number (if applicable) (include dashes)
13. Race
14. Asian Subgroup
15. Pacific Subgroup
16. Ethnicity
17. Hispanic Subgroup
18. Enrollment Status
19. Enrollment Date
20. Case Closed Date (if applicable)
21. Vital Status
22. Date of Death (if applicable)
23. HIV Status
24. HIV+ Date
25. AIDS Date (if applicable)
26. HIV risk factors (please note: currently this field can not be uploaded from HMS)

Required Information in the SERVICE TAB

For any patient care service paid for by

1. Year (select year of service)
2. Add/Edit Service Details
   a. Date
   b. Service Name
   c. Contract (current Contract)
   d. Units

Ryan White Part B, Patient Care Network, General Revenue, or State HOPWA

Required Information in the ANNUAL REVIEW TAB

Review and update at every eligibility determination.

1. Primary Insurance
2. Other Insurance
3. Household Income
4. Household Size
5. Poverty Level (will populate automatically)
6. HIV Primary Care
7. Housing Arrangement

For any client receiving Ambulatory/Outpatient Medical Care services (paid for by Ryan White Part B, Patient Care Network, or General Revenue) complete the questions below:

8. HIV Risk Reduction Counseling
9. Result
10. Counseled by
11. Mental Health
12. Counseled by
13. Substance Abuse
14. Result

Required Information in the ENCOUNTERS TAB

Create an encounter, as appropriate, for any client receiving Ambulatory/Outpatient Medical Care services (paid for by Ryan White Part B, Patient Care Network, or General Revenue) added on the service tab of CAREWare.

1. **Vital Signs Sub-Tab** (For female clients who are pregnant or delivered within the calendar year.)

   Select View/Edit History

   Add data for the following fields
   a. Estimated Conception Date
   b. Prenatal Begin Date
   c. # Prenatal Visits
   d. Delivery/Outcome Date
   e. HIV Status of Newborn
   f. Pregnancy Outcome
   g. ART Counseling?
   h. ART Offered?
   i. ART Taken?
   j. ART Date?

2. **Medications Sub-Tab**

a. HIV-associated medications including ARVs, OIs, or other
b. Units, Form, Strength, Frequency, Indication, and OI condition, if applicable
c. Every time medication is prescribed complete as applicable: Start, Stop, Correct Data Error, or Change Dose

3. Labs Sub-Tab
Current Test and Result (CD4 and Viral Load) for every lab test

4. Screening Labs Sub-Tab
Current Test, Result, Titer and Treatment for Syphillis, if applicable. Also, Hep B, Hep C screening lab data as applicable.

5. Screening Sub-Tab
Current Test, Current Result, Current Action and Current Score for the following screenings, as applicable: Annual TB Screening, Pap Smear

6. Immunizations Sub-Tab
As applicable: Hep B, Hep C

Required Information in the UNIQUE ID TAB

1. Select the “Attachments” hyperlink to upload:
   a. Proof of living in Florida
   b. Proof of identity
   c. Verification of income
   d. Proof of HIV
   e. Proof the program is payer of last resort
   f. Signed Application
   g. Signed Notice of Eligibility (every time eligibility is renewed)
   h. Signed Notice of Ineligibility (if applicable)
2. Medicaid # no dashes (if applicable)
3. Medicare # include dashes (###-##-####) (if applicable)
4. PAC # no dashes (if applicable)
5. Social Security # include dashes (###-##-####) (If client has no social security number please use the alternate identification number formula outlined in Section 8 of the Florida HIV/AIDS Eligibility Procedures Manual.)
6. Date Eligibility Expires
7. Key Points of Entry

Required Information in the FORMS TAB

1. Eligibility Staff Assessment Worksheet (One time only unless the client file is closed for a period of a year or more, then a new application should be completed.)

2. Insurance Waiver Form (if applicable)
3. Notice of Eligibility or Ineligibility (every six months)
4. Six Month Recertification (every six months)

All forms are custom sub forms. This means these forms are kept each time they are completed and will provide a history over time. You must check the box in the top left corner of the form to fill it in and save.

HIV/AIDS Section
CAREWare Account Request Form

DOH Help Desk Ticket Number: Click here to enter text.

☐ New User
For county health department/Department of Health staff, please include the applicant's current Network ID Click here to enter text.

☐ Close Account ☐ Access Additional Domains ☐ Adjust User Access Level/Groups ☐Other
For these selections, please include the applicant's current CAREWare User ID Click here to enter text.

First Name	Last Name	Middle Initial	Job Title
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Work Phone	Extension	Email Address	Agency Name
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Agency Address		Agency City	Agency Zip
Click here to enter text.		Click here to enter text.	Click here to enter text.

User Access Level (pick only one)
☐Basic User (standard group) ☐View Only ☐Provider Administrator **
☐Reporting Section ☐Help Desk ☐ Community Programs' Staff Member
** If a user is given Provider Administrator rights, he/she will be able to approve CAREWare Request Forms for future individuals. If you do not want a person to have the ability to approve or request new users, close out accounts, etc., do not grant them the Provider Administrator User Level.

Additional User Groups (multiple options may be selected in this group)
☐ Contract Set Up ☐ PDI User
☐ Delete Merge Client ☐ Sharing Approver
☐ Edit Values ☐ Sharing Requestor
☐ Mapping Group ☐ User Administration

Comments box
Click here to enter text.

______________________________ ______________________________
Applicant's Signature Date

I acknowledge that I have read and understand the Department of Health (DOH) Information Security and Privacy Policy (DOHP 50-10-10), the Confidential CAREWare Client Identifiers – Appendix A and the Protocol for Breaches of Confidentiality of CAREWare Data. I will follow all of the rules and regulations outlined in the DOHP 50-10-10 and the Confidential CAREWare Client Identifiers – Appendix A. I further agree to follow the CAREWare Data Entry Requirements – Appendix B along with the rules and standards set down in the CAREWare Manual and in the Protocol for Breaches of Confidentiality of CAREWare Data. I understand that failure to adhere to these rules and regulations may result in disciplinary action up to and including removal of access to CAREWare and/or dismissal.

______________________________ ______________________________ ______________________________
Supervisor's Signature Supervisor Print Name Date

The Agency must notify the Help Desk at least five (5) days prior to any CAREWare User's final day of employment. If termination is unexpected, the Help Desk needs immediate notice. The Help Desk must also be informed of any misuse by a CAREWare User, as well as if a CAREWare User changes positions within the Agency and should no longer have access. The contact number for the Help Desk is 850-922-7599. Make sure to inform the Help Desk technician this call should be assigned to the CAREWare team.

Agency CAREWare Provider Administrator – A CAREWare Provider Administrator must approve any action on a CAREWare Request Form. They must print and sign their name and add their CAREWare user id. An Agency CAREWare Provider Administrator can only approve actions for the agency they belong to.

Agency CAREWare Provider Administrator (Print Name) ______________________________

Agency CAREWare Provider Administrator (Signature) ______________________________

Agency CAREWare Provider Administrator (User ID) ______________________________

The first step in getting a CAREWare Account Request Form (CARF) completed is calling the Help Desk at 850-922-7599. ("NEW" accounts need to be requested by the agency's CAREWare Provider Administrator. If this person is not available, a Supervisor from the agency who is an existing CAREWare user needs to call in the Help Desk ticket.) Tell the Help Desk operator that you want to fill out a CAREWare Account Request Form. The operator will create a ticket for your request. Make sure you tell the operator to assign the ticket to the CAREWare Team. A CAREWare Team member will attach a CARF to the ticket which you will then receive via email. Print off the completed document and have both the applicant and the applicant's supervisor sign and date the form. Open the email you received from the Help Desk and hit reply all. Add the following sentence to the email, "I have attached the CARF." Attach the scanned signed form to the email reply and hit send.

Fields

DOH Help Desk Ticket Number – Enter the Help Desk ticket number assigned to this request.

New User – Check this box for staff who do not have a current CAREWare user id.

Network ID - For County Health Department/Department of Health staff, please include the applicant's current Network ID. This is the id the staff member uses to log into their computer.

Close Account – To remove access to an agency.

Access Additional Domains – To grant access to additional agencies for an existing CAREWare user.

Adjust User Access Level/Groups – To change the User Access Level or add additional User Groups to the user's profile. A person can only belong to one User Access Level per agency.

Other- If the action you are requesting does not fall under one of the other CARF request items (such as New User, Close Account, Access Additional Domains, or Adjust User Access Level/Groups) then place a check mark in this box. Make sure to add a description to the Comments Box in the middle of the form detailing what you need done.

Only the CAREWare User ID and Agency Name need to be filled out for **Close Account**, **Access Additional Domains**, **Adjust User Access Level/User Groups** and **Other** actions. The following fields may remain blank: Agency Address, Agency City, Agency Zip, First Name, Last Name, Middle Initial, Job Title, Work Phone Number, Extension and Email Address.

First Name – First name of applicant.

Last Name – Last name of applicant.

Middle Initial –Middle initial of applicant. This is very important as the DOH I.T. Team use this to create the Network Account for the user.

Job Title – Job title of applicant.
Work Phone Number – Work phone number of applicant. Include area code.

Extension – Work phone number extension of applicant.

Email address – Work email address of applicant.

Agency Name – Name of CAREWare agency user needs to be added to, closed out from, have user level adjusted at, etc.

Agency Address – Address of agency.

Agency City - City where agency is located.

Agency Zip – Zip code of agency.

User Access Level – Identify the level of access the applicant should be given for each corresponding agency. Select one group. (Below descriptions are not complete descriptions of the group rights, they are short synopses to give a quick breakdown between the different groups.

Basic User – This is the standard group most users are added to. The core functions these users can perform are add/edit/delete data and run reports.

View Only – This user can view data but cannot add/edit/delete it.

Provider Administrator – Users in this group have all the rights of the Basic User with some additional rights. These include the ability to run client merges, unlock/lock users and edit value lists. Additionally, we contact the Provider Administrator of an agency to have them approve adding/removing/adjusting the rights of users within their agency. If you do not want a person to have the ability to approve or request new users, close out accounts, etc., do not grant them the Provider Administrator User level. Each agency should have a maximum number of two Provider Administrators.

Reporting Unit – This group is for the HIV/AIDS Patient CARE Resources Program, Reporting Unit staff.

Community Programs Unit – This group is for the HIV/AIDS Patient CARE Resources Program, Community Programs Unit staff.

Help Desk – This group is for the Tallahassee DOH Help Desk staff.

Additional User Groups – Placing check marks in these boxes will add rights to the user's current profile. Only those groups marked on the current form will be applied to the applicant. If a user previously was a member of the PDI User group and a new CARF was completed with only Edit Values checked under Additional User Groups, then the user would be removed from the PDI User group. If the applicant should still remain a member of the PDI User group, make sure to check that box on the current CARF.

Be aware users who are Provider Administrators already are members of the following groups: Contract Set Up, Delete Merge Client, Edit Values and User Administration.

Contract Set Up – Allows user to add/edit/delete contract information
Delete Merge Client – Allows user to run the merge client operation as well as delete clients.

Edit Values – Allows user to adjust data within custom fields, such as a local case manager field. A person in this group can add new or remove inactive case managers in the case manager field.

Mapping Group – User in this group can map values for data imports.

PDI User – Allows user to run the Provider Data Import for their agency.

Sharing Approver – Allows user to approve sharing requests from other agencies.

Sharing Requestor – Allows user to make client sharing requests from other agencies.

User Administration – Allows user to unlock/lock users and change users' passwords.

Agency CAREWare Provider Administrator (Print Name, Signature, User ID) – Forms will not be approved without the signature of a person in authority. Having Provider Administrators sign off on CARFs is our preferred method of approval. However, in certain circumstances we may allow other individuals to approve CARFs. HIV/AIDS Program Coordinators, Agency Executive Directors or the CAREWare System Administrator are some examples of other staff who on occasion may be approved to sign off on CARFs. Provider Administrators can only approve CARFs for their agency. For example, the Duval CHD Provider Administrator cannot approve adding a new user to the Palm Beach CHD agency.

Comments box – When "Other" is selected as the request item, please detail what action you need completed for the user.

General Notes:
If an applicant is requesting access to multiple agencies, a separate CARF must be completed for each individual agency. The exception is when the same person is the CAREWare Provider Administrator at each additional agency. For example, if Barney Ruble is an applicant requesting access to 5 domains and Fred Flintstone is the CAREWare Provider Administrator at all 5 domains then one form may be completed. The primary agency Barney Ruble belongs to will be inputted in the Agency Name field. The additional agencies will be added to the comments box. The User Access Level and Additional Groups marked on the CARF will be applied to all of the agencies. Fred Flintstone has the authority to sign this document as he is a CAREWare Provider Administrator at each location. However, if Barney Ruble is requesting access to 5 domains with different User Level Access or different Additional User Groups at each site then a separate form needs to be completed.

Appendix C

HOPWA Exit Outcomes and Pre-Enrollment Situation Definitions

HOPWA Outcome	Definition
Current housing arrangements more STRMU	Currently housed and will continue to need STRMU assistance
Deceased	
Disconnected	Out of care
Emergency shelter/streets	Example: hotel , motel with emergency voucher
Incarcerated	
Institution	Behavioral center, nursing home, long-term hospitalization
Other HOPWA support	Client has transitioned to another HOPWA funded program, e.g. TBRA
Other housing subsidy	Client has transitioned to other housing program, e.g. Section 8
Pre-Enrollment Situation	**Definition**
Don't know or refused to answer	
Emergency Shelter	Example: hotel , motel with emergency voucher
Family/friends	Staying or living in someone else's room apartment or house
Foster care home/group home	
Hospital (non-psychiatric)	
Hotel or motel (w/o emergency voucher)	
House they owned	
Jail, prison or juvenile detention facility	
Not for human	Place not meant for human habitation (car, abandoned building, etc.)
Other	
Permanent or formerly homeless	Example: Shelter Plus Care, SHP or SRO, Mod Rehab, etc.)
Psychiatric hospital or facility	
Rented room , apartment or house	
Substance abuse facility	
Transitional housing for homeless	Example: halfway house